Print Form

DISTRICT OF COLUMBIA GOVERNMENT

(Rev. 5/11)

EMPLOYMENT APPLICATION (DC2000)

Please answer the questions and complete all required fields on this application. In addition, please respond to all of the ranking factors listed in the vacancy announcement. Finally, if you are claiming residency preference for a career service or management supervisory service position, please complete the residency preference form.

1. POSITION VACANCY INFORMATION

Position Title _____ Vacancy Announcement Number _____

2. PERSONAL DATA

Last Name _____ First Name _____ Middle Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____ Ward _____

Telephone (including area code): Home _____ Business _____

Other names ever used _____ Social Security Number _____ Date of Birth _____

Email _____

3. D.C. EMPLOYMENT HISTORY AND AVAILABILITY

a. Are you now or were you ever employed by the District of Columbia Government? _____

b. Mark below each type of current or previous D.C. government appointment. Check all applicable boxes.

- ☐ Temporary
- ☐ Term
- ☐ Permanent
- ☐ Career
- ☐ Excepted Service
- ☐ Executive Service
- ☐ Management Supervisory Service
- ☐ Legal Service
- ☐ Other _____

c. List highest grade, classification series and step attained: Grade _____ Series _____ Step _____

When can you start work? _____ Lowest pay or grade you will accept _____

4. RESIDENCY

a. Are you claiming a residency preference for the position indicated above? ☐ Yes ☐ No

b. I understand the residency preference requirements (found at the end of this document). ☐ Yes ☐ No

c. If the position you are applying for above is in the Career Service, Management Supervisory Service, or Legal Service, excluding the Senior Executive Attorney Services, are you claiming a residence preference? (If you claim residency preference, you must complete the Residency Preference for Employment form, DC-2000RP). ☐ Yes ☐ No

d. If the position you are applying for above is in the Excepted Service, Executive Service, or Senior Executive Attorney Service, do you acknowledge and understand that, if selected, you must be a domiciliary of the District of Columbia at the time of the appointment or within 180 days of the appointment date, and maintain District domicile for the duration of the appointment? ☐ Yes ☐ No

5. MILITARY SERVICE AND VETERANS PREFERENCE

Veterans preference is granted by law to disabled veterans, to veterans who served on active duty in certain time periods or military operations, and, under certain conditions, to the spouses, widows, widowers, or mothers of deceased or disabled veterans.

Have you ever served on active duty in the United States Armed Forces? ☐ Yes ☐ No
(Answer "NO" if your only active duty was for training, including basic training, in the Reserves and National Guard.)

Did you or will you retire at or above the rank of Major or Lieutenant Commander? ☐ Yes ☐ No
(If "YES," you are not eligible for veterans preference unless your retirement is based upon a service-connected disability.)

From _____ To _____
Dates of Active Duty Service (Month/Day/Year)

_____
Character of Separation

_____
Campaign or Expeditionary Medals Received

_____
Separation Date

Preference claimed: ☐ 5-point preference ☐ 10-point preference ☐ None
(Please check one. You must show proof when hired.)

6. EDUCATION

a. High School

Indicate highest grade completed: _____

Name and Address of School _____ Zip Code _____

Did you graduate? ☐ Yes ☐ No If no, have you received a GED high school equivalency? ☐ Yes ☐ No

Attended From _____ To _____
(month/year) (month/year)

b. Colleges and Universities

School 1

Indicate highest degree(s) obtained (e.g., A.A., B.S): _____

Name and Address of College or University _____ Zip Code _____

Major _____ Minor _____

Major Semester Credit Hours _____ OR Major Quarter Credit Hours _____

Attended From _____ To _____
(month/year) (month/year)

School 2

Indicate highest degree(s) obtained (e.g., A.A., B.S): _____

Name and Address of College or University _____ Zip Code _____

Major _____ Minor _____

Major Semester Credit Hours _____ OR Major Quarter Credit Hours _____

Attended From _____ To _____
(month/year) (month/year)

7. TRAINING

List relevant training, licenses or skills (e.g., sign language). Include schools attended, addresses, certificates or degrees awarded, dates attended, number of credit hours, and major/minor field or subjects studied.

8. LANGUAGE CAPABILITIES

List the languages you speak, read and write

Language	Speak	Read	Write
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

9. WORK EXPERIENCE

List paid or unpaid work experience relevant to the position for which you are applying.

☐ No Work Experience

PRESENT OR MOST RELEVANT POSITION:

Employer's Name	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From _____ To _____	Starting $ _____ Final $ _____	
Telephone	Name and Title of Supervisor		
Reason for leaving		No. of Employees Supervised	

If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion

_____

Job Title and Duties, Responsibilities and Accomplishments

POSITION:

Employer's Name	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From To	Starting $ Final $	

Telephone	Name and Title of Supervisor
Reason for leaving	No. of Employees Supervised

If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion

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Address	From To	Starting $ Final $	

Telephone	Name and Title of Supervisor
Reason for leaving	No. of Employees Supervised

If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion

Job Title and Duties, Responsibilities and Accomplishments

10. BACKGROUND INFORMATION - You must answer each question in this section before we can process your application

a. Do any of your relatives work for the District of Columbia government? Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, niece, nephew, father-in-law, mother-in-law,daughter-in-law; brother-in-law; sister-in-law; stepfather; stepmother; stepdaughter; stepbrother; half-brother; and half-sister. ☐Yes ☐No

If "YES," in the space below, write for each of these relatives their. (1) name; (2) relationship to you; and (3) agency of the District of Columbia Government in which the person works.

Name*	Relationship	District Agency

(*Note: If more than five (5) relatives continue on a separate sheet of paper.)

b. Do you receive or have you ever applied for retirement pay, pension, or other pay based on District of Columbia government, federal civilian or federal military service? ☐ Yes ☐No

c. Are you a citizen of the United States? ☐ Yes ☐No

d. Are you legally authorized to work in the United States? ☐ Yes ☐No

To work for the District of Columbia government in certain public safety positions, you must be a citizen of the United States. If selected, you will be required to submit evidence of identity and employment eligibility.

11. SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign. I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Official Code § 1-616.51 *et seq*.) (2001). I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq*. (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia Government employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, human resources specialists, and other authorized employees of the District of Columbia government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete.

_____ Sign

_____ Date

RANKING FACTORS

Name _____ Vacancy Announcement Number _____

The ranking factors found in the vacancy announcement will be used in the evaluation process for all positions other than wage grade. All applicants MUST respond to the ranking factors. Please describe specific incidents of sustained achievements from your experience that show evidence of the level at which you meet the ranking factors that have been determined to be of importance for the position for which you are applying. You may refer to any experience, education, training, awards, outside activities, etc. that include the degree to which you possess the job related knowledge, skills, and abilities described in the ranking factors. The information given in response to the ranking factors should be complete and accurate to the best of your knowledge. FAILURE TO RESPOND TO ALL RANKING FACTORS MAY ELIMINATE YOU FROM CONSIDERATION.

Use the spaces below to respond to the ranking factors on the job vacancy announcement.

Ranking Factor 1

Ranking Factor 2

Ranking Factor 3

Ranking Factor 4

Ranking Factor 5

Ranking Factor 6

Submitting via e-mail the DC 2000 application, residency form, and criminal background form is viewed the same as a signature in section 11, and all penalties will be enforced for falsified information.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

D.C. Department of Human Resources

FORM DC-2000RP – RESIDENCY PREFERENCE FOR EMPLOYMENT

[PART OF EMPLOYMENT APPLICATION]

NOTE: *Residency Preference* is claimed at the time of application for a position in the Career Service, Educational Service, Legal Service other than the Senior Executive Attorney Service ("SEAS"), or Management Supervisory Service. Persons submitting paper applications shall complete this form to claim/decline the preference; persons applying online shall follow the online application process to claim/decline the preference. Except for applicants covered under Sections I or II below, residency preference, if applicable, will not be granted unless this form is completed at the time of application; or unless preference is claimed electronically (online) at the time of application.

Name: Last 4 Digits of SSN:

(Print – Last Name, First Name, Middle Initial)

Position Applied for: Job Requisition No.:

(Print)

CHECK (√) ONLY ONE (1) OF THE FOLLOWING STATEMENTS:

I.

❑ I, the undersigned, am currently a District government employee whose service began on or before December 31, 1979 and has been continuous since that date. I understand that I will not be required to submit proof of or establish or maintain residency as a result of receiving preference.

II.

❑ I, the undersigned, am a former employee of the U.S. Department of Health and Human Services at St. Elizabeths Hospital who accepted employment with the District government, without a break in service, effective October 1, 1987. My service with the District government has been continuous since that date. I understand that I will not be required to submit proof of or establish or maintain residency as a result of receiving preference.

III.

❑ I, the undersigned, am not a bona fide District resident and I understand that I am not entitled to the 10-point residency preference.

IV.

❑ I, the undersigned, am a bona fide District resident and I **DECLINE** the residency preference.

V.

❑ I, the undersigned, am a bona fide District resident and I claim a residency preference in applying for the position indicated above. My current address is _____. I have read the *"Facts on Residency Preference"* on the reverse side of this form, and I understand that if selected for this position I will be required to submit no less than 8 proofs of bona fide District residency on or before the effective date of the appointment; and maintain such bona fide District residency for a period of 7 consecutive years from the date of appointment or promotion or forfeit the position. Further, I understand that if before the end of the 7-year period to maintain bona-fide District residency I apply and am selected for another position without having claimed the preference for that position, I will still be required to fulfill my obligation to maintain bona-fide District residency for the remainder of the 7-year period.

_____ _____

Applicant's Signature **Date (Month, Day, Year)**

(OVER)

FACTS ON RESIDENCY PREFERENCE

(1) An applicant for initial appointment with the District government in the **Career Service, Educational Service, Legal Service other than the Senior Executive Attorney Service (SEAS), or Management Supervisory Service** who is a bona fide District resident **AT THE TIME OF APPLICATION** may be awarded a residency preference of 10-points, unless he/she declines the preference points.

(2) An employee who applies for a competitive promotion in the services listed in no. 1 above and who is a bona fide District resident **AT THE TIME OF APPLICATION** may be awarded a residency preference of 10-points, unless he/she declines the preference points.

(3) The 10-point residency preference is to be claimed by completing the front of this form and submitting the form with the employment application.

(4) A bona fide District resident who declines the 10-point residency preference **AT THE TIME OF APPLICATION** for initial appointment or competitive promotion, if found to be qualified, WILL NOT receive any preference. If selected, the person is not required to maintain bona fide residency.

(5) Residency preference will be afforded as follows:

- The 10 preference points will be added to any points awarded to the person on the 100-point scale used to rank qualified applicants for the position.
- For competitive promotions, excepted promotional examination (e.g., police officers, firefighters), the 10-point preference will be added to any points awarded to each qualified employee on the 100-point scale used to rank the qualified employees.
- Preference candidates will be selected ahead of equally qualified non-preference candidates.

(6) A person who is awarded a 10-point residency preference and is selected for the position must agree in writing no later than the date of appointment to maintain bona fide District residency for a period of 7 consecutive years from the effective date of his or her appointment; and shall submit **no less than 8 proofs of bona-fide District residency on or before the effective date of the appointment**. Failure to maintain bona fide District residency will result in forfeiture of employment.

(7) The requirement to maintain bona fide District residency is applicable ONLY to an applicant and employee who is awarded a 10-point residency preference at the time of application for initial appointment or competitive promotion and is selected.

(8) Entitlement to preference: Any person who was employed by the District government on December 31, 1979, and who is still employed by the District government without having had a break in service of 1 workday or more since that date; or, pursuant to the provisions of Pub. Law No. 98-621, any former employee of the U.S. Department of Health and Human Services at St. Elizabeths Hospital who accepted employment with the District government without a break in service effective October 1, 1987 and who has not had a break in service since that date, will be granted a residency preference upon application for a **COMPETITIVE PROMOTION** in the services listed in no. 1 above, if at least 1 qualified applicant for the position has claimed a residency preference. If selected, the employee is not required to establish or maintain bona fide District residency.

(9) An employee who is under a 7-year residency requirement who thereafter is awarded a 10-point residency preference in applying for another position (i.e., competitive promotion), if selected, will be required to begin a new 7-year residency requirement effective the date of the new appointment.