DISTRICT OF COLUMBIA GOVERNMENT



CRIMINAL HISTORY DISCLOSURE FORM

You must complete this form before the Di	sistrict of Columbia Government can proceed further with your application.
Name:	Social Security Number:
18th birthday, if handled in juvenile court of Youth Corrections Act or similar state law	may omit: (1) traffic fines; (2) any violation of law committed before your or under a youth offender law; (3) any violation set aside under the Federal r; and (4) any conviction for which the record was expunged under federal, ate, facts, and circumstances of each conviction or forfeiture you list. In most rict employment.
During the past 10 years, have you b	een: (1) convicted of or forfeited collateral for any felony; or (2)
convicted by a court-martial? Ye	es 🗖 No
• •	punishable by imprisonment of longer than one year, but does not include al law, punishable by imprisonment of two years or less.
each of your conviction(s), please state the conviction(s); (3) the state or territor	ON above, you are allowed an opportunity to explain your response. For the following: (1) offense(s) of which you were convicted; (2) the date of the conviction(s) occurred; (4) the court; and (5) any action(s) g any sentence, or probation imposed. Please provide any additional ter.
SIGNATURE, CERTI	FICATION, AND RELEASE OF INFORMATION
YOU MUST SIGN THIS FORM. Rea	nd the following acknowledgement carefully before you sign.
after I begin work (D.C. Official Code statement on this form or materials sub to D.C. Official Code § 22-2405, et seq investigated as allowed by law or Mayo suitability for District of Columbia gov agencies, and other individuals and org	In any part of this form is grounds for either not hiring me, or firing me § 1-616.51, et seq.) (2001). I understand that the making of a false omitted with this form is punishable by criminal penalties pursuant q. (2001). I understand that any information I give may be oral Order. I consent to the release of information regarding my vernment employment by employers, schools, law enforcement ganizations, to investigators, human resources specialists, and other f Columbia government. I certify that, to the best of my knowledge e, correct, and complete.
Signature	Date