

GOVERNMENT DISTRICT OF COLUMBIA
APPLICATION FOR EMPLOYMENT
APPLICANT IDENTIFICATION SHEET

Announcement No. _____	Date _____	Social Security Number _____
------------------------	------------	------------------------------

Name: (Last, First, MI) _____

Present Mailing Address _____

Residency (X One)	Citizen (X One)	Current Employment (X One)
<input type="checkbox"/> DC	<input type="checkbox"/> US Citizen	<input type="checkbox"/> DC Government Employee
<input type="checkbox"/> Maryland	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Other organization
<input type="checkbox"/> Virginia	<input type="checkbox"/> Non-Immigrant	<input type="checkbox"/> Other

Veterans Preference:	Yes	No
Are you claiming Veteran Preference?	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming 5 point or 10-point Veterans Preference?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a service-related disability of 30% or more?	<input type="checkbox"/>	<input type="checkbox"/>

How did you first hear about this position? (X as many as apply)

<input type="checkbox"/> DC Department of Human Resources <input type="checkbox"/> Department Personnel Office <input type="checkbox"/> Announcement <input type="checkbox"/> Magazine / Journal <input type="checkbox"/> Newsletter <input type="checkbox"/> Newspaper <input type="checkbox"/> Postcard <input type="checkbox"/> Private Employment Office <input type="checkbox"/> Unemployment Office	<input type="checkbox"/> Community Organization <input type="checkbox"/> Professional Organization <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Bulletin Board <input type="checkbox"/> Poster <input type="checkbox"/> District Employee <input type="checkbox"/> School / College <input type="checkbox"/> Other
---	---

The information requested in this section is needed to analyze and assure compliance with District and Federal Equal Employment Opportunity Laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to success of our equal employment opportunity programs.

Sex: ☐ Male ☐ Female Birthday: _____

Choose the one group with which you most closely identify.	Handicapped Status:
<input type="checkbox"/> American Indian or Alaskan Native	Are you handicapped/disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asian or Pacific Islander	Does your handicap/disability require special testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Black	Does your handicap/disability require special working conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> White	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Other	

Signature: _____ Date: _____