

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

## D.C. Department of Human Resources

### PREVIOUS EMPLOYMENT RELATIONSHIPS

ORIGINAL ☐

AMENDMENT ☐

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hiring Agency: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Position: \_\_\_\_\_

As a means of assisting District government agencies in evaluating real or potential conflicts of interest, the D.C. Standard Form 36, *Previous Employment Relationships*, has been developed. In accordance with Chapter 18 of the D.C. personnel regulations, Employee Conduct, Form 36 is to be completed by new employees for the purpose of disclosing previous employment relationships in which the employee receives any ongoing economic benefit from a former employer(s) (public or private) or information on any additional employment relationship directed by the Agency Head. In reference to this form, the terms below have the following meanings:

**Ongoing economic benefit from former employer** – refers to a pension, annuity, stock option, bonus, cash or in-kind distribution in satisfaction of equitable interest, payment of all or a portion of the premiums on a life or health insurance policy, or any other comparable benefit.

**Former employer** – refers to a person or organization which (1) you previously served as an officer, director, trustee, general partner, agent, attorney, consultant, contractor, or employee within the last year; or (2) you receive an ongoing economic benefit.

**Conflict of Interest** -- No employee shall use his or her official position or title, or personally and substantially participate, through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or otherwise, in a judicial or other proceeding, application, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, or other particular matter, or attempt to influence the outcome of a particular matter, in a manner that the employee knows is likely to have a direct and predictable effect on the employee's financial interests or the financial interests of a person closely affiliated with the employee. (D.C. Official Code § 1-1162.23(a)).

☐ I do not have a previous employment relationship(s) to disclose.

☐ I do have a previous employment relationship(s) to disclose (identified below)

Please provide the requested information on any and all financial interests held from former employer(s). If more space is needed please use a separate sheet of paper or the back of this form:

1. Please list each former employer, private or public, from which you receive an ongoing economic benefit, and any information on employment relationships as directed/requested by the agency head.

Name of Previous Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Nature of Interest: \_\_\_\_\_

Amount (optional): \_\_\_\_\_

2. Please list each business, whether private or public, in which you had an agreement or arrangement for a leave of absence or future employment, including date of agreement, or continuation of payment by a former employer.

Name of Previous Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Nature of Interest: \_\_\_\_\_

3. Please list any previous employment relationships with employers who were District vendors or Certified Business Entities

Name of Previous Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Nature of Interest: \_\_\_\_\_

I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge. 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. (2012 Repl.). I understand that any information I give may be investigated as allowed by law or regulation. I will update forgoing disclosures as new information becomes available that could affect the interests of the District government.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Head's (or designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_