



## DISTRICT OF COLUMBIA COURTS EMPLOYMENT APPLICATION



Human Resources Division, **500 Indiana Avenue, NW**, Washington, DC 20001  
(202) 879-2822-Job Line / 879-0496-Voice / 879-4212-FAX / [www.dccourts.gov/jobs](http://www.dccourts.gov/jobs) - Web Site

Name:	Position Desired:
Address:	Division:
City/State/Zip:	Vacancy Announcement #:
Home Telephone #:	Social Security #:
Business Telephone #:	Email Address:

**EDUCATION:** Last high school or colleges attended. If you have not earned a degree, list credits earned and major course of study. For high school equivalency, list certificate number.

SCHOOL NAME/CITY/STATE	DATES	DEGREE EARNED	MAJOR	CREDIT HOURS EARNED

### TRAINING, SPECIAL SKILLS AND QUALIFICATIONS

Relevant training courses, certifications earned, foreign languages, special skills, licenses, qualifications, or Bar memberships:

**EXPERIENCE:** Please provide relevant paid or voluntary work history, beginning with your present position. Use additional sheets if necessary, or submit a resume for description of *duties* only. **You must complete all other blanks on the application, for each position, in order to be considered.**

Dates of employment: month/year From/To:	Title/Grade of Position:	Number and kinds of employees you supervise:
Name and telephone number of immediate supervisor:	Salary: Hours worked per week:	Reason for Leaving:
Employer (name and address):		
Duties:		
Dates of employment: month/year From/To:	Title/Grade of Position:	Number and kinds of employees you supervised:
Name and telephone number of immediate supervisor:	Salary: Hours worked per week:	Reason for Leaving:
Employer (name and address):		
Duties:		
Dates of employment: month/year From/To:	Title/Grade of Position:	Number and kinds of employees you supervised:
Name and telephone number of immediate supervisor:	Salary: Hours worked per week:	Reason for Leaving:
Employer (name and address):		
Duties:		

## GENERAL

1. Are you eligible for employment in the United States (either a citizen of the United States, lawfully admitted for permanent residency, or authorized by the Immigration and Naturalization Service to work in the U.S.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the Court employ in any capacity any relative of yours, either by blood or marriage? If yes, explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you receive or have you applied for retirement pay, pension, or other compensation based upon military or Federal civilian service? If yes, explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Within the past 5 years, have you been fired, or have you quit a job after being notified that you would be fired? If yes, explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you have prior military service? If so, list branch of service and serial number.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. While in the military service, were you ever convicted by general court martial? If yes, explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explanation for number _____ above (attach additional sheets, if necessary):	

## CRIMINAL HISTORY

Have you been convicted of a criminal offense? If so, please submit a statement of explanation. You may omit 1.) traffic violations for which you were fined \$200 or less; 2.) any offense committed before 18 <sup>th</sup> birthday, adjudicated in juvenile court, under Youth Offender Law, Federal Youth Corrections Act or similar state authority; and 3.) any conviction which has been expunged under Federal or State law.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
I hereby authorize the release of my adult criminal record revealing any convictions and forfeitures, and any criminal cases currently pending before the courts.	
Signature:	Date:

## "AMERICANS WITH DISABILITIES ACT" ACCOMMODATION

Individuals with disabilities are encouraged to apply for announced positions. Accommodation is provided in recruitment, testing and placement. If you need accommodation during the selection and testing process, please call (202) 879-2843.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## REFERENCE CONSENT

If you are selected for a position with the D.C. Courts, your previous employer(s) will be contacted for a reference. Would you like to be contacted first? <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
Some employers require written consent before they can release information regarding performance of previous employees. Please sign indicating that if you are selected for a position, you consent to your previous employer's release of information regarding your job performance and work history.	
Signature:	Date:

## EQUAL EMPLOYMENT OPPORTUNITY DATA

It is the policy and practice of the District of Columbia Courts to hire and promote employees based on qualifications and merit only, without regard to race, color, religion, sex, age, disabilities, national origin, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, source of income, or place of residence or business. Please provide the following voluntary information to assist us in the collection of statistics necessary for compliance with District and Federal Equal Employment Opportunity requirements.
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male; Race (Check all that apply.): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Other (specify):

Where did you see this job posted? What publication or web site?
------------------------------------------------------------------

## APPLICATION CERTIFICATION

I, the undersigned, certify that the information provided in this application is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, it may result in the rejection of my application or in my discharge from the District of Columbia Courts.	
Signature:	Date: