DISTRICT OF COLUMBIA HOUSING AUTHORITY

1133 North Capitol Street, NE
Washington, DC 20002-7599
202-535-1618

APPLICATION FOR EMPLOYMENT

Revised 08/2015

Please print clearly. It is important that you sign the Certificate and Release of Information on the back of this form.
The DCHA is an Equal Opportunity Employer.

Personal Information

Name (Last)	*(First)*	*(Middle)*
Social Security Number	*Date of Birth*	*Home Telephone #*
Address		*Business Telephone #*
City, State, Zip Code		*Email Address*
Position Applying For		*Vacancy Announcement Number*
List Military training or skills		*Branch of Service* _____ *Dates Served:* _____

Do you possess a valid driver's license? ☐ *Yes* ☐ *No* *If yes, #:* _____ *State issued:* _____

Education/Training

School	*Name and Location of School*	*Course of Study*	*Dates of Attendance*	*Did you Graduate?*	*Degree, Certificate or Diploma*	
High School/ GED			*From:* / *To:*	☐ Yes ☐ No	*Year Received*	*HR Verification* ☐
Business/ Trade/ Technical			*From:* / *To:*	☐ Yes ☐ No	*Year Received*	*HR Verification* ☐
College			*From:* / *To:*	☐ Yes ☐ No	*Year Received*	*HR Verification* ☐
Graduate			*From:* / *To:*	☐ Yes ☐ No	*Year Received*	*HR Verification* ☐

Foreign Language Skills (other than English): ☐ Yes ☐ No

If yes, what language(s)?

Other special training or skills (i.e., computers, machine operation, operating licenses, etc.):

Employment History: Begin with Most Recent Employment

Employer Name	*Telephone No:*
Address, City, State, Zip Code	*Employment Period* *From: To:*
Name and Title of Supervisor	*Annual Pay* *Start: End:*
Job Title	*Average Hours Per Week:* / *No. Employees Supervised:*
Responsibilities	*Reason for Leaving:*

Employer Name	*Telephone No:*
Address, City, State, Zip Code	*Employment Period* *From: To:*
Name and Title of Supervisor	*Annual Pay* *Start: End:*
Job Title	*Average Hours Per Week:* / *No. Employees Supervised:*
Responsibilities	*Reason for Leaving:*

Employer Name	*Telephone No:*
Address, City, State, Zip Code	*Employment Period* *From: To:*
Name and Title of Supervisor	*Annual Pay* *Start: End:*
Job Title	*Average Hours Per Week:* / *No. Employees Supervised:*
Responsibilities	*Reason for Leaving:*

Are you employed currently? ☐ *Yes* ☐ *No*

If yes, may we inquire of your present employer? ☐ *Yes* ☐ *No*

Additional sheets, if needed, or a resume may be attached. All positions listed on the resume, but not on the application, must include the information requested above.

Employment History (cont.)

Are you now or were you ever employed by the District of Columbia Housing Authority (DCHA)?

☐ *Currently employed by the DCHA* ☐ *Previously employed by the DCHA* ☐ *Never employed by the DCHA*

If so, in what position? _____

_____

Mark each type of DCHA appointment or current or previous District/Federal Government appointment with an "X."

☐ *Temporary* ☐ *Term* ☐ *Permanent* ☐ *Career* ☐ *Excepted Service* ☐ *Other:* _____

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

Do you have relatives working for the DCHA (including contract employment)? ☐ *Yes* ☐ *No*

If yes, please provide their names(s) and relationship to you (including spouse, if applicable): _____

Professional/Business References who may be contacted by the DCHA.

Name	*Telephone No:*
Address	
Job Title	
Name	*Telephone No:*
Address	
Job Title	
Name	*Telephone No:*
Address	
Job Title	
Name	*Telephone No:*
Address	
Job Title	

OPTIONAL:

For Statistical Purposes Only:

Are you a Resident of the DCHA's:

- *Public Housing Program?* ☐ Yes ☐ No
- *HCVP (formerly Section 8)?* ☐ Yes ☐ No

Other

Membership in Professional or Civic Organizations:

_____

_____

_____

Revised 4/08

Signature, Certification and Release of Information Form

YOU MUST SIGN THIS APPLICATION. Please read the following carefully before you sign.

I understand that making a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work. I understand that making a false statement on this form or on materials submitted with this form is punishable by criminal penalties pursuant to D.C. Code 22-2405(2001 ed) and may result in my being denied employment with the District of Columbia Housing Authority (DCHA). I understand that any information I give may be investigated by DCHA. I consent to the release of information regarding my application for DCHA employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, human resources specialists, and other authorized employees of the DCHA. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete. In addition, if hired, I will be required to submit evidence of identity and employment eligibility. I understand that my employment with the DCHA may be contingent upon my passing a pre-employment, medical, psychological and/or drug test.

Signature	*Social Security Number*	*Date*

IMPORTANT NOTE: Signature/Certification and Release of Information MUST be signed before the application will be considered complete.

In accordance with the D.C. Residents Amendment Act of 2007 (hereinafter "the Act") applicants for new hire or promotion, who are bona fide D.C. residents, may claim a District residency preference. Applicants claiming the residency preference must submit proof of D.C. residency at the time of appointment or promotion to the position. Any applicant claiming residency preference and is selected for the position must agree in writing to maintain bona fide District residency for a period of seven (7) consecutive years from the effective date of appointment or promotion. Any person who fails to maintain District residency, after having being appointed or promoted to a position for which the person claimed a District residency preference will automatically forfeit their position with the D.C. Housing Authority.

Are you claiming the District Residency Preference? Yes □ No □

Signature	*Date*

If you answered yes, you must provide proof of residency in the form of eight of the documents listed on the attached "APPLICANT FOR EMPLOYMENT - DISTRICT OF COLUMBIA RESIDENCY PROOF DOCUMENTS"

Applications should be mailed or faxed to:

Department of Human Resources
District of Columbia Housing Authority
Room 222
1133 North Capitol Street, NE
Washington, DC 20002
Fax#: 202-535-1375