Dear Applicant:

The D.C. Department of Corrections is hiring Entry Level Correctional Officers and Bilingual Correctional Officers

For further consideration, you will need to complete and provide the below listed documents. You should bring all of these completed documents to the Department of Corrections headquarters located at 2000 14th Street, N.W., Washington, D.C. 20009. Your failure to provide the required document(s) may eliminate you from continued processing. Questions may be directed to Debra Washington, at (202) 671-2094 or 671-2131.

Check List ***(Revised 8/7/13)***

- ☐ **DC 2000 Employment Application**
- ☐ **Correctional Officer Vacancy Announcement w/Ranking Factors**
- ☐ **Authorization for Release of Information**
- ☐ **Background Investigation Questionnaire**
- ☐ **Certified Copy of your Motor Vehicle Driver's History**
- ☐ **Original Social Security Card ***
- ☐ **Copy of valid U.S. Driver's License (Learner's permits are not acceptable) ***
- ☐ **Copy of Birth Certificate or Proof of Citizenship**
- ☐ **Copy of DD-214 (Military Information, if applicable)**
- ☐ **Copy of your High School, GED, College or Trade School Diploma**
- ☐ **Informed Consent: Liability Release Form**
- ☐ **Medical Release Form (must be completed by your personal physician)**
- ☐ **Local Criminal History Check (for applicants outside of DC, MD & VA area)**
- ☐ **Names & addresses of three (3) current neighbors**
- ☐ **Names, addresses & contact numbers for four (4) professional references**
- ☐ **Residence information (addresses) covering the last ten (10) years**
- ☐ **Physical Fitness Examination to include TB test within 30 days of selection**

Thank you for your interest,

Sincerely,

Denise Shell
Acting Human Resources Officer

DC DOC

District of Columbia • Department of Corrections

Correctional Officers
Entry Level & Bilingual
DS - 0007-06

Salary Range
$41,442

Minimum Requirements

21 years of age
High School Graduate or GED
Pass an Entry Level Examination
Pass Physical Fitness Examination
Possess a valid driver's license and clear driving record
Pass a thorough background check
Pass medical and psychological examinations
Pass a urinalysis test

D.C. Dept. of Corrections
Office of Human Resource Management
Frank D. Reeves Building
2000 14th Street, N.W. – 7th Floor
Washington, D.C. 20009
Phone# (202) 671-2131
www.doc.dc.gov

Thomas Faust, Director

The Government of the District of Columbia is an Equal Opportunity Employer

(Revised 7/19/2013)

Committed to Excellence in Action?

- ✓ Articulate
- ✓ Attentive to Details
- ✓ Dependable
- ✓ Confident
- ✓ Calm
- ✓ Courteous
- ✓ Dedicated
- ✓ Team Player
- ✓ Tenacious

ACT NOW

A Career in Corrections may be Calling

IMPORTANT INFORMATION

Orientation Location

8:00 A.M. - Check In Time

D.C. Department of Corrections
Training Academy
(The old D.C. General Hospital Emergency Room Entrance)
1900 Massachusetts Ave., S. E. (19th and Massachusetts)
Washington, D. C. 20003

About Orientation Day

Bring drinking water and a bag lunch

Orientation Days consist of several stages.

1. **Check In - 8:00 A.M. – Dismissal approximately 3:30 P.M.**
2. **Background Review**
3. **Physical Fitness Examination**
4. **Video Test - (If you wear glasses or require reading glasses, bring them)**

Physical Fitness Examination

- **A physical fitness/agility examination will be conducted on orientation day.**
- **The run portion of the examination is held outside**
- **Check the weather predictions for the day of your orientation**
- **Dress in comfortable athletic clothing, according to the weather predictions (shorts, sweat suit, rain outerwear, hat, gloves, etc.)**
- **Wear comfortable tennis or athletic shoes**
- **If wet or hot weather, you may want to bring a change of clothing and a towel**

BACKGROUND INVESTIGATION QUESTIONAIRE
Instructions

- Type or legibly print your answers in ink. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").
- If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "Approx." or "Est."
- Any changes that you make to this form after you sign it must be initialed and dated by you.
- If you need additional space, use a continuation sheet. Each blank piece of paper you use must contain your name at the top of the page.
- Please sign this form in the area provided.

NOTE: The D.C. Department of Corrections conducts background investigations to establish that applicants or incumbents employed by the District of Columbia government are suitable for the job. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placements are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide and to make your comments for the record.

APPLICANT INFORMATION

PRINT NAME _____
Last First Middle

ADDRESS: _____
Street City State Zip

OTHER NAMES USED: _____

I WAS BORN IN: _____
City State

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER _____

WORK PHONE NUMBER: _____ OTHER: _____

POLICE RECORD

Have you ever been arrested, charged with, or convicted of any offense(s) YES ☐ NO ☐
Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than $150, unless the violation was alcohol or drug related. If you answered "YES," explain your answer(s) in the space provided. If necessary, provide additional information on a separate sheet and attach it.

	Offense	Month/Year	Action Taken	Law Enforcement Authority Court, City, State, County, Zip Code
1)				
2)				
3)				
4)				
5)				

ILLEGAL DRUGS

Have you illegally used any controlled substance or prescription drugs? YES ☐ NO ☐

You are required to answer the question fully and completely. If you fail to do so, this could be grounds for an adverse action against you if hired. NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding. Examples of illegal drugs are: Marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.) amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogens (LSD, PCP, etc.) Do not include prescription drugs used legally. If you answered "YES," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received. If necessary, provide additional information on a separate sheet and attach it.

	Controlled Substance/Drug Used	**Month/Year**	**# of Times Used**
1)			
2)			
3)			
4)			
5)			

YOUR FINANCIAL RECORD

In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? YES ☐ NO ☐

- If you answered "YES," provide the date of the initial action and other information requested below. Also, indicate if the judgment or tax lien has been satisfied and the date. Provide additional information on a separate sheet and attach it.

	Type of Action	Month/Year	Action Taken	Name of Court or Agency Handling Case
1)				
2)				
3)				
4)				
5)				

Are you now 180 days delinquent on any debt(s) YES ☐ NO ☐ Include all delinquent undebtedness over 180 days, such as credit cards, loans, child support, etc.

	Name of Creditor	Type of Loan	Account Number
1)			
2)			
3)			
4)			
5)			

YOUR TAXES

In the last 10 years, have you filed all State and Federal Tax returns timely? YES ☐ NO ☐

(*Note*): A return is considered filed timely for this purpose if you filed an authorized and approved extension of time.

Have you paid all State and Federal taxes timely? YES ☐ NO ☐

If you answered "NO," to the above, provide details on a continuation sheet. Specify the tax year, the jurisdiction (DC, Federal, or which state, city or county), the type of tax (income, property, etc.) and the current status. If you answered "NO" because you were legally not required to file, please provide the details

Has any of the following happened to you in the last 20 years? YES ☐ NO ☐

Fired from a job;

- Quit a job after being told you would be fired;
- Left a job by mutual agreement following allegations of misconduct;
- Left a job by mutual agreement following allegations of unsatisfactory performance; or
- Left a job for other reasons under unfavorable circumstances.

If "**YES**," begin with the most recent occurrence and go backward, providing date fired, quit, or left; which of the above circumstances was involved (e.g. fired, quit after being told you would be fired, etc.); employer's name and address, including zip code; and reason for action taken.

	MM/YYYY	Employers Name & Address	Action Taken
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

List your employment activities, beginning with the present and working back 20 years.

List the business names of your employer, address, including zip code, and telephone number. Include dates employed there, and your supervisor's name.

- If you were self-employed or unemployed, enter this in the Employer's Name block, and provide the name, location, phone number, and business relationship of a person ("verifier") who can verify your self-employment or unemployment.

	MM/YYYY	Employers Name & Address	Supervisor's Name/Phone No.
1)	_____	_____	_____
2)	_____	_____	_____

(Cont.)

	MM/YYYY	Employers Name & Address	Supervisor's Name/Phone No.
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

Signature, certification, and release of information

My statements on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may be grounds for not hiring me, or for firing me after I begin work. I understand that the nature of a false statement on this form or materials submitted with or in support of this form is punishable by criminal penalties pursuant to DC Code **section 22-2405 et. Seq.** (2001 Repl).

I understand that any information I give may be investigated as allowed by law or Mayoral order. I authorize any investigator or other duly accredited representatives of the District of Columbia conducting my background investigation to obtain any information relating to my activities from individuals, schools, criminal justice agencies, credit bureaus, federal, state and local tax administration authorities, or other source of information.

Signature	Date

District of Columbia
Department of Corrections

Authorization for Release of Information

I, _____ do hereby authorize a review by, and a full disclosure to the D.C. Department of Corrections of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of the records of educational institutions, financial and credit agencies (including credit reports and/or ratings), employment and pre-employment records, including background investigation reports, medical reports, efficiency and performance ratings, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether "adult" or juvenile."

I fully consent to any physical, psychological, or other testing, including urine testing for controlled dangerous substances, to determine my suitability to be employed by the DC Department of Corrections prior to beginning employment and also during the entire course of my employment with the DC Department of Corrections.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements that will permit the development of a personal background inspection and professional history assessment.

I understand that any information obtained by a personal history background investigation, which is development, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will be not be reviewed or used in determining whether a conditional offer of employment will be made.

District of Columbia
Department of Corrections
Office of Human Resources Management
1923 Vermont Avenue, N.W.
Washington, D.C. 20001
(202) 671-2131

I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason for complying with requests for information that this Authorization provides.

I further understand that in the event my employment application and/or resume' is disapproved, not considered, or otherwise doe not result in my appointment to the DC Department of Corrections, the source(s) of confidential information can not and will not be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the DC Department of Corrections.

It is further understood by me that a photocopy, including a facsimile (or fax) copy of the actual original of this Authorization for Release of Information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

TYPE or PRINT

Last Name	**First Name**	**MI**

☐☐☐-☐☐-☐☐☐☐ **SOCIAL SECURITY NUMBER**

☐☐-☐☐-☐☐☐☐ **DATE OF BIRTH**

Race	Sex M/F	Date	Signature

I WAS BORN IN: _____
City State

Notary Seal

Subscribed and Sworn to before me, in my presence

this _____ day of _____, _____

_____
Notary Public

My commission expires_____

District of Columbia
Department of Corrections
Office of Human Resources Management
1923 Vermont Avenue, N.W.
Washington, D.C. 20001
(202) 671-2131

(Revised 2-2011)

District of Columbia
Department of Corrections

MEDICAL RELEASE FORM

This applicant is required to obtain a physician's release before proceeding with the physical fitness examination. If you feel it is appropriate to authorize a full release given the applicant's condition, simply mark the box indicating this. If further information is needed, please contact the D.C. Department of Corrections, Office of Human Resources Management at (202) 671-2131, between the hours of 8:30 A.M. to 5:00 P.M. Monday – Friday.

I_____ have examined _____
Print Physician's Name Print Applicant's Name

and find him/her:

☐ To be free of any medical problems which would restrict participation in the physical fitness examination and therefore give an unrestricted medical release to participate in the physical fitness examination.

☐ To have medical problems which indicate potential risk in participation in the physical fitness examination at this time.

I understand the physical fitness examination will be administered with a Registered nurse present, without a physician, in a non medical facility.

Physician's Signature:_____

Address:_____

Phone Number ( )_____

Date:_____

PHYSICIAN: For a description of the physical fitness requirements, please refer to the attachment.

Attachment

PHYSICAL FITNESS EXAMINATION REQUIREMENTS

Prior to performing the Physical Fitness Examination, all applicants must provide a written Doctor's release, stating the person is able to perform the test as stated below.

SIT UPS:

Applicants must be able to perform a number of "bent leg" sit-ups, 20-30 within a 1 minute period, demonstrating a degree of muscular endurance.

PUSH UPS:

Applicant must be able to demonstrate 15-25 push ups in 1 minute, by keeping the back straight at all times. Push-ups will be timed for 1-minute.

1 MILE RUN

Applicant must demonstrate cardio-respiratory endurance by completing a 1 mile run in under 18 minutes.

STAIR CLIMB/DUMMY DRAG

Applicant must demonstrate cardio-respiratory and strength in the ability to run up 3-4 flights of stairs and dragging 160 pound dummy for 25-30 feet within 1 minute.

PULL-UPS (MALES)

Applicant must demonstrate upper body strength by pulling entire body weight to chin above bar level at least 3 times, while the head is looking forward and lowering the body to straight arm position.

DEAD HANG (FEMALES)

Applicant must demonstrate upper body strength by hanging on the pull bar, for no less than 1 minute.

District of Columbia
Department of Corrections

INFORMED CONSENT: LIABILITY RELEASE FORM

I, (Print) _____, an applicant for employment with the District of Columbia, Department of Corrections (DCDC), do hereby consent to take the physical fitness examination as part of the application process for employment with the DCDC. I understand that the physical fitness examination is intended to test overall physical ability including but not limited to strength, endurance and the ability to withstand stress. Further, I understand that there are risks to my physical health and well being inherent in the physical fitness examination and hereby voluntarily and knowingly agree to accept those risks. I confirm that I have been instructed to consult my private physican prior to taking the test and obtain a completed and signed Medical Release Form in order to determine whether I am in proper physical condition to do so. I hereby represent to the DCDC, and the District of Columbia, that I am in proper physical condition to take the physical fitness examination.

For and in consideration of the DCDC's agreement to consider my application for employment, I do, for myself, my heirs, personal representatives and administrators, remise, release and forever discharge the DCDC, the District of Columbia, their successors, agents and the employers of and from all manner of action and actions, damages, cause or causes of actions, suits, debts, and sums of money, claims and demands whatsoever, in law or equity, which I have now or may have in the future against the DCDC or the District of Columbia by reason of my participation in the physical fitness examination which is part of the application process for employment with the DCDC.

Applicant _____ Date _____
Signature

Witness _____ Witness _____
Department of Corrections Department of Corrections

District of Columbia
Department of Corrections
Office of Human Resources Management
1923 Vermont Avenue, N.W.
Washington, D.C. 20001
(202) 671-2131

(Revised 1-2011)

(Please Print *legibly*)

My References: _____
Last Name First Name

Three (3) Neighbors (Name & Address CURRENT)

1. _____ _____
Name Address

2. _____ _____
Name Address

3. _____ _____
Name Address

Four (4) Professional References (Name, Address & Phone No.)

1. _____ _____ _____
Name Address Phone Number

2. _____ _____ _____
Name Address Phone Number

3. _____ _____ _____
Name Address Phone Number

4. _____ _____ _____
Name Address Phone Number

Residence information covering the last ten (10) years.

If additional space is needed, use a separate sheet of paper

From MM/YYYY	To MM/YYYY	Address	City	State

Department of Corrections
Pre-screening Employment Questionnaire

		Yes	No
1.	**Are you at least 21 years of age?**		
2.	Are you bi-lingual		
3.	Would you be available for hire within the next 30 days?		
4.	Are you physically fit?		
5.	Can you run a mile; do push-ups and pull-ups on a bar?		
6.	Can you stand/walk for long periods, climb stairs with little difficulty?		
7.	Can you get a physical from your doctor?		
8.	Have you ever performed any security skills?		
9.	Can you handle working in an enclosed environment?		
10.	Are you able to work rotating shifts?		
11.	Can you follow directions, oral and written?		
12.	**Do you have a current driver's license?**		
13.	Can you obtain a motor vehicles clearance?		
14.	Can you pass a urinalysis test?		
15.	Can you use a firearm?		
16.	**Do you have a high school diploma or GED?**		
17.	Can you pass a background investigation?		
18.	Are you willing to undergo a psychological review?		
19.	**Do you currently have any relatives or friends at the jail?**		
20.	**Have you visited the jail within the last 90 days?**		

PERSONAL DATA

Name_____
Last **First** **MI.**

Home Address_____
Street **City** **State** **Zip Code**

Home Phone No.: _____

Work Phone No.: _____

Cell Phone No.: _____

Other: _____

_____
Signature **Date**

Job Description

Job Title: Correctional Officer

Job ID: 17227

Location: Detention Facility

Full/Part Time: Full-Time

Regular/Temporary: Regular

Email to Friend | Save Job | Apply Now | Return to Previous Page

General Job Information

Collective Bargaining Unit (Union): This position is in the collective bargaining unit represented by FOP/DOC and you may be required to pay an agency service fee through direct payroll deduction.

Duration of Appointment: Permanent
If you have applied for vacancy number 11737 or 15686 you do not need to reapply.

Agency: Department of Corrections

Number of Vacancies: SEVERAL

Promotion Potential: DS-08

Area of Consideration: Open to the General Public

Tour of Duty: Rotating Shifts

First Screening Date: February 22, 2011

Opening Date: February 11, 2011
Closing Date: Open Until Filled

Salary Range: $40,235- $49,838

Statutorily-mandated freeze on within-grade increases; In accordance with the provisions of D.C. Law 18-223, time in pay or non-pay status during the period beginning on October 1, 2010 through September 30, 2011 will not be creditable for within-grade salary increase. The incumbent in this position will also be subject to furloughs per the Balanced Budget Holiday Furlough Emergency Act of 2011.

"Pay Plan, Series & Grade: DS-0007-06"

Duties

Brief Description of Duties: This position is located in the Central Detention Facility (DC Jail). Serves as a Correctional Officer, in a developmental capacity under the overall supervision of a Supervisory Correctional Officer and the Institutional Training Coordinator. Undergoes 240 hours of an intensive training program, which consists of formal classroom instruction, demonstrations, selected reading in the correctional field, and on -the-job training (OJT) under close supervision. Assist in conducting inventory of property, documents and stands watch duty where there is movement on inmates, staff and vehicles. Provides control and surveillance of small inmate work squads. Instructs inmates on institutional rules and regulations. Counsel inmates to resolve minor problems. Writes incident reports, memos, log entries, progress reports and completes associated forms as required and/or other related documentation. Assists in the supervision of inmates in living quarters, dining areas, visiting hall for recreational activities and while in transit. Conducts accurate inmates counts at designated and random times as instructed. Maintains accountability of inmates assigned for escort and/or work detail. Assures compliance with safety and sanitation regulation in living and work areas. Inventories assigned security equipment and ensures compliance with safety controls. Operates as sentry to security posts to record resident movement. As required, carries and uses firearms and responds to emergency situations in accordance with Department policies. Under close supervision conducts area searches, inmate shakedowns and processes staff and visitors entering the institution. Conducts shakedown of vehicles and assist in urinalysis collections. Position is identified as an Emergency Employee, which includes but not limited to call-in, callback and unscheduled drafts.

Qualifications

Specialized Experience: Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled.

Examples of experience includes work in the following areas: teacher or instructor, counselor, worker with juvenile delinquents, parole/probation worker, welfare/social worker, firefighter, nurse, supervisor or manager, security guard, or day care facility worker, mental health counselor in a residential facilitiy, correctional officer, police officer, or detention officer.
Basic Requirements: *Must be 21 years of age; High School Graduate or GED; *Valid driver's license; and Applicants must have one (1) year of specialized experience equivalent to the next lower grade level.

Ranking Factors

Submission of Ranking Factors: The following ranking factors will be used in the evaluation process. All applicants MUST respond to the ranking factors. Please respond specifically to the ranking factor(s) by either typing directly into the free form area provided or by pasting from a text document. Please describe specific incidents of sustained achievements from your experience that show evidence of the level at which you are applying. You may refer to any experience, education, training, awards, outside activities, etc. that include the degree to which you possess the job related knowledge, skills and abilities described in the ranking factors. The information given in response to the ranking factors should be complete and accurate to the best of your knowledge. FAILURE TO RESPOND TO ALL RANKING FACTORS WILL ELIMINATE YOU FROM CONSIDERATION.

Ranking Factor #1: Knowledge of and the ability to apply security skills and techniques.

Ranking Factor #2: Abillity to exercise mature judgment and adapt to changing and adverse environments under pressure of crisis situations. (noise levels, inclimate weather, and diverse populations)

Ranking Factor #3: Ability to observe and pay attention to detail in order to recognize signs of discord, abnormal behavior, etc.

Ranking Factor #4: Ability to interpret and apply written instructions effectively orally and in writing.

Ranking Factor #5: Ability to apply and use basic computer skills.

Conditions of Employment

ALL APPLICANTS ARE REQUIRED TO SUCCESSFULLY PASS THE FOLLOWING REQUIREMENTS PRIOR TO JOB OFFERS:

PART 1: Minimum Requirements
(1) Entry Level Examination
(2) Physical Fitness Examination
(3) Valid driver's license and proof of "clear" driver's record
(4) Psychological Assessment

PART 2:
(1) Pass a through background investigation of character and personal history (i.e., prior employers, law enforcement agencies, arrest history, driving history, etc.) a favorable report of findings must be received to determine suitability prior to appointment. The incumbent of this position will be subject to annual background investigation.
(2) All applicants including current DOC employees are subject to Drug and Alcohol Testing in accordance with the Mandatory Drug and Alcohol Testing Act of 1996 D.C. Law 11-158.
(3) Successful completion of 240 hours of pre-service training.
(4) Physical Examination to include TB Testing within 30 days of selection. For continued employment the incumbent will also be subject to an annual physical assessment.

OTHER REQUIREMENTS:
(5) Must be available for rotational shift work, nights holidays and weekends.
(6) Must be able to possess and use a firearm.

ADDITIONAL INFORMATION:
(1) this position is identified as High Potential Risk HPR). All applicants for employment (inclusive of student intems) are tested for drug or alcohol abuse and is subject to random drug/alcohol testing upon acceptance into the position.

Employee may be extended, converted or promoted without further competition.

Priority Consideration

Displaced Employee Priority Placement: Eligibles for the District of Columbia's Displaced Employee Program (DEP) and Agency Reemployment Priority Placement Program (ARPP) will be given priority consideration for this position if found qualified.

Residency Requirement

A person applying for a position in
the Career Service, Educational Service, Management Supervisory Service, an attorney position in the Legal Service (series 905) other than in the Senior Executive Attorney Service (SEAS), or an attorney position
in the Excepted Service (series 905) who is a bona fide District resident AT THE TIME OF APPLICATION
for the position, may be awarded a 10-point residency preference over non-District applicants, unless the person declines the preference points. If selected, the person shall be required to present no less than 8 proofs of bona fide District residency and maintain such residency for 7 consecutive years from the effective date of the appointment. Failure to maintain bona fide District residency for the 7-year period will result in forfeiture of employment.

Information to Applicants

Other Information: CURRENT BENEFIT PACKAGE INCLUDES:
DC Employee's Health and Group Life Insurance, Short-term Disability Insurance Program, Dental and Optical Coverage, Pretax Flexible Spending Accounts and Commuter Benefit Program, Annual and Sick Leave, Paid Holidays, Holiday Pay, Night Differential, Defined Contribution Pension Plan 401 (a), Deferred Compensation Plan 457 (a), Savings Bonds, Employee Assistance Program, direct deposit and other incentive programs (DC Home Purchase and Sick Leave Incentive Program).

Effective May 8, 2007 the District of Columbia Department of Corrections was approved to offer educational (reimbursement) benefits to US Veterans that attend the Basic Correctional Program. This approval for Veterans Affairs Educational Benefits is under the authorization of Title 38, USC section 3676.

The Department of Corrections utilizes state of the art security equipment to include internal/external camera surveillance's, facial recognition technology, and fingerprinting.

In addition, there are training advantages for other positions within the correctional series as Canine Handlers (drug and patrol), Emergency Response Team (ERT), Honor Guard, Firearms Instructors and Transportation Unit. Additional training opportunities are available at the District of Columbia Department of Human Resources, Workforce Development Administration.
Drug-Free Workplace: Pursuant to the requirements of the Drug-Free Workplace Act of 1988, the individual selected to fill this position will, as a condition of employment, be required to notify his/her immediate supervisor, in writing, not later than five (5) days after conviction of or a plea of guilty to a violation of any criminal drug statute occurring in the workplace.
Veterans Preference: Applicants claiming veterans preference must submit official proof at the time of application.

Other Information: In accordance with the provisions of D.C. Law 18-223, time in a pay or non-pay status during the period beginning on October 1, 2010 through September 30, 2011 will not be creditable for within-grade salary increase purposes.

How to Apply

Disposition of Resume: Resumes received outside the area of consideration and/or after the closing date will not be given consideration. You must resubmit your resume to receive consideration for any subsequent advertised position vacancies. For the purpose of employment, resumes are not considered job applications. Therefore a DC 2000 job application or online job application is required to be submitted.
Where to Apply (Judiciary Square): D.C. Department of Human Resources (DCHR) Job Center located in the South Lobby at 441 - 4th Street, NW, Washington, D.C. 20001. All inquiries should be directed to the Department of Corrections Human Resources Division at (202) 671-2131.

Closing Statement

Notice of Non-Discrimination: In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code, Section 2-1401.01 et. seq., (Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
Equal Opportunity Employer: All qualified candidates will receive consideration without regard to race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, physical handicap, or political affiliation.
EEO Statement: The District of Columbia Government is an Equal Opportunity Employer.

Job Offers: Official Job Offers are made by the Department of Corrections, Human Resources Division Only.

Email to Friend | Save Job | Apply Now

Return to Previous Page

DISTRICT OF COLUMBIA GOVERNMENT

EMPLOYMENT APPLICATION (DC2000)

Please answer the questions and complete all required fields on this application. In addition, please respond to all of the ranking factors listed in the vacancy announcement. Finally, if you are claiming residency preference for a career service or management supervisory service position, please complete the residency preference form.

1. POSITION VACANCY INFORMATION

Position Title _____ Vacancy Announcement Number _____

2. PERSONAL DATA

_____ Last Name _____ First Name _____ Middle Name

_____ Street Address _____ Apt #

_____ City _____ State _____ Zip Code _____ Ward

Telephone (including area code): _____ Home _____ Business

_____ Other names ever used _____ Social Security Number _____ Date of Birth

_____ Email **A copy of this form will be emailed to you. It must be printed, signed and mailed to the name and address found at the end of the vacancy announcement.**

3. D.C. EMPLOYMENT HISTORY AND AVAILABILITY

a. Are you now or were you ever employed by the District of Columbia Government? _____

b. Mark below each type of current or previous D.C. government appointment. Check all applicable boxes.

☐ Temporary ☐ Term ☐ Permanent

☐ Career ☐ Excepted Service ☐ Executive Service

☐ Management Supervisory Service ☐ Legal Service ☐ Other _____

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

When can you start work? _____ Lowest pay or grade you will accept _____

4. RESIDENCY

a. Are you claiming a residency preference for the position indicated above? ◯ Yes ◯ No

b. I understand the residency preference requirements (found at the end of this document). ◯ Yes ◯ No

c. If the position you are applying for above is in the Career Service, Management Supervisory Service, or Legal Service, excluding the Senior Executive Attorney Services, are you claiming a residence preference? (If you claim residency preference, you must complete the Residency Preference for Employment form, DC-2000RP). ◯ Yes ◯ No

d. If the position you are applying for above is in the Excepted Service, Executive Service, or Senior Executive Attorney Service, do you acknowledge and understand that, if selected, you must be a domiciliary of the District of Columbia at the time of the appointment or within 180 days of the appointment date, and maintain District domicile for the duration of the appointment? ◯ Yes ◯ No

5. MILITARY SERVICE AND VETERANS PREFERENCE

Veterans preference is granted by law to disabled veterans, to veterans who served on active duty in certain time periods or military operations, and, under certain conditions, to the spouses, widows, widowers, or mothers of deceased or disabled veterans.

Have you ever served on active duty in the United States Armed Forces? ○Yes ○No
(Answer "NO" if your only active duty was for training, including basic training, in the Reserves and National Guard.)

Did you or will you retire at or above the rank of Major or Lieutenant Commander? ○Yes ○No
(If "YES," you are not eligible for veterans preference unless your retirement is based upon a service-connected disability.)

From _____ To _____
Dates of Active Duty Service (Month/Day/Year)

_____
Character of Separation

_____
Campaign or Expeditionary Medals Received

_____
Separation Date

Preference claimed: ○5-point preference ○10-point preference ○None
(Please check one. You must show proof when hired.)

6. EDUCATION

a. High School

Indicate highest grade completed: _____

Name and Address of School _____ Zip Code _____

Did you graduate? ○Yes ○No If no, have you received a GED high school equivalency? ○Yes ○No

Attended From _____ To _____
(month/year) (month/year)

b. Colleges and Universities

School 1

Indicate highest degree(s) obtained (e.g., A.A., B.S): _____

Name and Address of College or University _____ Zip Code _____

Major _____ Minor _____

Major Semester Credit Hours _____ OR Major Quarter Credit Hours _____

Attended From _____ To _____
(month/year) (month/year)

School 2

Indicate highest degree(s) obtained (e.g., A.A., B.S): _____

Name and Address of College or University _____ Zip Code _____

Major _____ Minor _____

Major Semester Credit Hours _____ OR Major Quarter Credit Hours _____

Attended From _____ To _____
(month/year) (month/year)

7. TRAINING

List relevant training, licenses or skills (e.g., sign language). Include schools attended, addresses, certificates or degrees awarded, dates attended, number of credit hours, and major/minor field or subjects studied.

8. LANGUAGE CAPABILITIES

List the languages you speak, read and write

Language	Speak	Read	Write
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

9. WORK EXPERIENCE

List paid or unpaid work experience relevant to the position for which you are applying.

☐ No Work Experience

PRESENT OR MOST RELEVANT POSITION:

Employer's Name	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From _____ To _____	Starting $ _____ Final $ _____	
Telephone	Name and Title of Supervisor		
Reason for leaving		No. of Employees Supervised	

If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion

Job Title and Duties, Responsibilities and Accomplishments

POSITION:

Employer's Name	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From _____ To _____	Starting $ _____ Final $ _____	
Telephone	Name and Title of Supervisor		
Reason for leaving		No. of Employees Supervised	

If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion

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POSITION:

Employer's Name	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From _____ To _____	Starting $ _____ Final $ _____	
Telephone	Name and Title of Supervisor		
Reason for leaving		No. of Employees Supervised	

If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion

Job Title and Duties, Responsibilities and Accomplishments

POSITION:

Employer's Name	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From _____ To _____	Starting $ _____ Final $ _____	

Telephone	Name and Title of Supervisor
Reason for leaving	No. of Employees Supervised

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Job Title and Duties, Responsibilities and Accomplishments

POSITION:

Employer's Name	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From _____ To _____	Starting $ _____ Final $ _____	

Telephone	Name and Title of Supervisor
Reason for leaving	No. of Employees Supervised

If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion

Job Title and Duties, Responsibilities and Accomplishments

10. BACKGROUND INFORMATION - You must answer each question in this section before we can process your application.

When answering item "a," you may omit: 1) traffic fines; 2) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a youth offender law; 3) any conviction set aside under the Federal Youth Corrections Act or similar state law; and 4) any conviction whose record was expunged under federal, state, or local law. We will consider the date, facts, and circumstances of each event you list. In most cases, you can still be considered for District jobs.

a. During the past 10 years have you been: 1) convicted of or forfeited collateral for **any felony**; or 2) convicted by a **court-martial**? ○Yes ○No

A felony is defined as any violation of law punishable by imprisonment of longer than one year, except for a violation called a misdemeanor under State, county, or local law, which is punishable by imprisonment of two years or less.

IF YOU ANSWERED "YES" TO "a," GIVE DETAILS IN THE SPACE BELOW. For each violation, write the 1) date; 2) charge; 3) place of violation; 4) court; and 5) action taken by the court.

b. Do any of your relatives work for the District of Columbia government? Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, niece, nephew, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepsister, half brother, and half sister. ○Yes ○No

If "YES," in the space below, write for each of these relatives their: 1) name; 2) relationship to you; and 3) agency of the District of Columbia government in which the person works.

c. Do you receive or have you ever applied for retirement pay, pension, or other pay based on District of Columbia government, federal civilian, or federal military service? ○Yes ○No

SALARY REDUCTION OF REEMPLOYED ANNUITANTS: An individual selected for employment in the District government on or after January 1, 1980, who is receiving an annuity under any District government civilian retirement system, shall have his or her pay reduced by the amount of annuity allocable to the period of employment as a reemployed annuitant.

d. Are you a citizen of the United States? ○Yes ○No

e. Are you legally authorized to work in the United States? ○Yes ○No

To work for the District of Columbia government in certain public safety positions, you must be a citizen of the United States. If selected, you will be required to submit evidence of identity and employment eligibility.

11. SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign. I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Official Code § 1-616.51 *et seq.*) (2001). 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.* (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia Government employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the District of Columbia government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete.

Sign _____ Date _____

RANKING FACTORS

Name _____ Vacancy Announcement Number _____

The ranking factors found in the vacancy announcement will be used in the evaluation process for all positions other than wage grade. All applicants MUST respond to the ranking factors. Please describe specific incidents of sustained achievements from your experience that show evidence of the level at which you meet the ranking factors that have been determined to be of importance for the position for which you are applying. You may refer to any experience, education, training, awards, outside activities, etc. that include the degree to which you possess the job related knowledge, skills, and abilities described in the ranking factors. The information given in response to the ranking factors should be complete and accurate to the best of your knowledge. FAILURE TO RESPOND TO ALL RANKING FACTORS MAY ELIMINATE YOU FROM CONSIDERATION.

Use the spaces below to respond to the ranking factors on the job vacancy announcement.

Ranking Factor 1

Ranking Factor 2

Ranking Factor 3

Ranking Factor 4

Ranking Factor 5

Ranking Factor 6

GOVERNMENT OF THE DISTRICT OF COLUMBIA

D.C. Department of Human Resources

RESIDENCY PREFERENCE FOR EMPLOYMENT (FORM DC-2000RP)

(Attach to Employment Application)

NOTE: This form is to be filled out and submitted with each application for a position in the Career Service, Legal Service other than the Senior Executive Attorney Service, Excepted Service (attorney positions only), or the Management Supervisory Service. Preference, if applicable, will not be granted unless this form is completed and received at the time of application.

Name: _____ Social Security No.: _____
(Print—Last Name, First Name, Middle Initial)

Position Applied for: _____ Vacancy Announcement No.: _____
(Print)

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

I.

❑ I, the undersigned, am currently a District government employee whose service began on or before December 31, 1979 and has been continuous since that date. I understand that I will not be required to submit proof of, or establish or maintain, residency as a result of receiving preference.

II.

❑ I, the undersigned, am a former employee of the U.S. Department of Health and Human Services at St. Elizabeths Hospital who accepted employment with the District government, without a break in service, effective October 1, 1987. My service with the District government has been continuous since that date. I understand that I will not be required to submit proof of, or establish or maintain, residency as a result of receiving preference.

III.

❑ I, the undersigned, am not a bona fide District resident and I understand that I am not entitled to the 10-point residency preference.

IV.

❑ I, the undersigned, am a bona fide District resident and I **DECLINE** the residency preference.

V.

❑ I, the undersigned, am a bona fide resident of the District of Columbia and claim a residency preference in applying for the position indicated above. My current address is _____ _____. Also, I have read the "Facts on Residency Preference" on the reverse side of this form and I understand that, if selected for this position, I will be required to submit proof of bona fide District residency and to maintain bona fide District residency for a period of seven (7) consecutive years from the date of appointment or promotion or forfeit the position.

FOR OFFICIAL USE ONLY:

❑ 10-Point Preference Applied

❑ 10-Point Preference Not Applied—State Reason:

_____
Personnel Office Representative

_____
Applicant's Signature

_____
Date (Month, Day, Year)

(SEE OVER)

FACTS ON RESIDENCY PREFERENCE

- An applicant for initial appointment with the District government in the Career Service, Educational Service, Legal Service other than the Senior Executive Attorney Service (SEAS), Excepted Service (attorney positions only), or the Management Supervisory Service who is a bona fide District resident **AT THE TIME OF APPLICATION** may be awarded a residency preference of 10-points, unless he/she declines the preference points.

- An employee who applies for a competitive promotion in the Career Service, Educational Service, Legal Service other than the SEAS, Excepted Service (attorney positions only), or the Management Supervisory Service and who is a bona fide District resident **AT THE TIME OF APPLICATION** may be awarded a residency preference of 10-points, unless he/she declines the preference points.

- The 10-point residency preference is to be claimed by completing the front of this form and submitting the form with the employment application.

- A bona fide District resident who declines the 10-point residency preference **AT THE TIME OF APPLICATION** for initial appointment or competitive promotion, if found to be qualified, WILL NOT receive any preference. If selected, the person is not required to maintain bona fide residency.

- Residency preference will be afforded as follows:

  - The 10 preference points will be added to any points awarded to the person on the 100-point scale used to rank qualified applicants for the position.

  - For competitive promotions, except promotional examinations (*e.g.*, police officers, firefighters, and correctional officers), the 10-point preference will be added to any points awarded to each qualified employee on the 100-point scale used to rank the qualified employees.

  - Preference candidates will be selected ahead of equally qualified non-preference candidates.

- A person who is awarded a 10-point residency preference and is selected for the position must agree in writing no later than the date of appointment to maintain bona fide District residency for a period of 7 consecutive years from the effective date of his or her appointment. Failure to maintain bona fide District residency will result in forfeiture of employment.

- The requirement to maintain bona fide District residency is applicable ONLY to an applicant and employee who is awarded a 10-point residency preference at the time of application for initial appointment or competitive promotion and is selected.

- Entitlement to preference: Any person who was employed by the District government on December 31, 1979, and who is still employed by the District government without having had a break in service of 1 workday or more since that date; or, pursuant to the provisions of Pub. Law No. 98-621, any former employee of the U.S. Department of Health and Human Services at St. Elizabeths Hospital who accepted employment with the District government without a break in service effective October 1, 1987 and who has not had a break in service since that date, will be granted a residency preference upon application for a **COMPETITIVE PROMOTION** in the Career Service, Legal Service other than the SEAS, Excepted Service (attorney positions only), or the Management Supervisory Service, if at least 1 qualified applicant for the position has claimed a residency preference. If selected, the employee is not required to establish or maintain bona fide District residency.

- An employee who is under a 7-year residency requirement who thereafter is awarded a 10-point residency preference in applying for another position (i.e., competitive promotion), if selected, will be required to begin a new 7-year residency requirement effective the date of the new appointment.