



APPLICATION FOR EMPLOYMENT

EOE Statement: Forest Hills of the District of Columbia is in compliance with Titles VI and VII of the Civil Rights Act of '964, Title IX of the Education amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and does not discriminate on the basis of race, color, national origin, religion, sex, handicap, age, marital status, or sexual orientation in any of its policies, procedures, or practices. Forest Hills of DC is in compliance with the Age Discrimination in Employment Act of 1967, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 and the Americans with Disabilities Act of 1990. Forest Hills of DC does not discriminate against any employee or applicants for employment on the basis of age or disability. Forest Hills of DC is an

POSITION TITLE:		APPLICATION DATE:						
STATUS TYPE:	FULL TIME	PART	TIME	PRN				
SHIFT AVAILABILITY:	DAY	EVEN		□ NIGHT	WEEKENDS			
_	Choice #1	***************************************	Choice #2					
DATE AVAILABLE TO STA	ART			h	Andrews and			
444	- New York			7.00				
		PER	SONAL DATA	<u> </u>				
NAME:								
LAST		FIRST			MIDDLE			
ADDRESS:		•	· .		•			
STREET		***************************************	CITY	,	STATE ZIP CODE			
TELEPHONE # (1)	(2)			COCIAL C	COUNTY			
are you over 18 years	OF AGE		TYES	_ SOCIAL S	ECURITY #:			
Have you been employed with Forest Hills/Forest Si		est Side?	YES	Year	NO			
Are you legally eligible fo				Position				
wie you legally eligible to	☐ YES ☐ YES		□NO .					
Have you been convicted	lave you been convicted of a felony in the last 7 years fyes please explain:				□NO			

IMMIGRATION REQUIREMENTS

Forest Hills of DC is in compliance with the Immigration Reform and Control Act. We will collect documentation to verify employment eligibility of all new hires seeking employment with us. If you are selected for hire following submission of a completed application you will be required to complete an 1-9 Form and present supporting documentation of eligibility to work in the United States of America. Eligible supporting documentation is listed on the back of your 1-9 Form.

OTHER EXPERIENCE

	EDUCATION					
Name	Address	Degree Type or Certification				
HIGH SCHOOL		- agree type of certification				
COLLEGE	,	,				
OTHER	·					
OTHER						
	LICENSURES AND/OR CERTIFICATION	S				
TYPE	STATE OF ISSUANCE	STATE OF ISSUANCE EVEN ATION				
	J. W. C. IDJOANCE	EXPIRATION				
	·					
:	,					
	SKILLS PERTINENT TO YOUR APPLICAITIO	DN				
PINGWPM	ELECTRICAL REPAIRS	DN				
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PINGWPM HORTHANDWPM CTATION/TRANSCRIPT	ELECTRICAL REPAIRS CARPENTRY ADMINISTRATIVE					
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PINGWPM HORTHANDWPM CTATION/TRANSCRIPT DDING DMPUTER	ELECTRICAL REPAIRS CARPENTRY ADMINISTRATIVE MANAGERIAL OTHER: List office mac	hines that you use				
PINGWPM HORTHANDWPM CTATION/TRANSCRIPT DDING DMPUTER Inderstood and agreed upon that any micration and/or separation from the employer at any time, the employer reserves the	ELECTRICAL REPAIRS CARPENTRY ADMINISTRATIVE MANAGERIAL	hines that you use sufficient cause for cancellation of this ore, I understand that just as I am free to with or without cause and without prior				
PINGWPM HORTHANDWPM CTATION/TRANSCRIPT DDING DMPUTER Inderstood and agreed upon that any micration and/or separation from the employ at any time, the employer reserves the earl understand that no representative of the employer the right to investigate all	ELECTRICAL REPAIRS CARPENTRY ADMINISTRATIVE MANAGERIAL OTHER: List office mac srepresentation by me in this application will be ever's service if I have been employed. Furtherm right to terminate my employment at any time,	hines that you use e sufficient cause for cancellation of this ore, I understand that just as I am free to with or without cause and without prior surance to the contrary.				





EMPLOYMENT HISTORY

		sure that all information is accurate. used any other name other than wha		THE GOVERNMENT OF THE PROPERTY	ISA GIVA*		
PLEASE NOT	E: Telephone n	umbers must accompany your past o	r present é	mployer to be conside	ered employment history.		
List from P	RESENT to LAST	Name of Employer			ip regiment indexity;		
FROM	ТО						
Mo/Yr	Mo/Yr	Address:					
		City:					
		Superdeer/Daniel		State:	Zip Code:		
	1	Your position:	······································	Title:	Telephone:		
		Major Dutles:		**************************************			
	}	major builes,					
		Reason for Leaving:	·	Final Salary \$	per ·		
		May we contact your employer?	T 1				
			Yes	No			
List from PR	ESENT to LAST	Name of Employer					
FROM	ТО	- Inployer		•			
-Mo/Yr	Mo/Yr	Address:	····				
		City:	···	Chabas			
		Supervisor/Dept:		State: Title:	Zip Code:		
		Your position:	· · · · · · · · · · · · · · · · · · ·	ricie;	Telephone:		
	,	Major Dutles:		,			
		Reason for Leaving:		Final Salary \$	per		
		May we contact your employer?	Yes	No			
	•						
List from PRESENT to LAST Name of Employer							
FROM	TO	The state of the s					
Mo/Yr	Mo/Yr	Address:	·				
		City:	······································	State:	Zip Code:		
	ļ	Supervisor/Dept:	······································	Title:	Telephone:		
ı	ļ	Your position:		IILIU.	rerehinotie;		
		Major Dutles:	· · · · · · · · · · · · · · · · · · ·	5			
		Reason for Leaving:		Final Salary \$	per		
		May we contact your employer?	Yes	No			