

EMPLOYMENT APPLICATION



Metropolitan Washington Council of Governments
Office of Human Resources Management
777 North Capitol Street, NE Suite 300
Washington, DC 20002

Please type or print clearly. Return completed application together with other required documents as indicated on the official job announcement to: Metropolitan Washington Council of Governments Office of Human Resources Management at the above address, or email to resumes@mwkog.org.

PERSONAL INFORMATION

Name: _____
Last First MI

Home Address: _____
Street City State Zip Code

Telephone: _____ (h) _____ (w)
_____ (fax) _____ (Email)

EMPLOYMENT DESIRED

Position Applied For: _____ Announcement No. _____

Lowest Acceptable Salary: \$ _____ Availability for Employment: _____

OTHER INFORMATION

Are you a citizen of the U.S. or are you otherwise legally available for employment in the U.S.? (Employment offer is contingent upon proper identification and documentation of eligibility for employment in the U.S.)

YES NO

Have you ever been convicted (found guilty, sentenced, or fined) of a law violation? If yes, give date, place, charge, court and any fine or sentence imposed. (A conviction does not automatically mean that you cannot be employed. The nature of the offense and when it occurred will be considered.)

YES NO

Explain: _____

Have you ever been fired or asked to resign from a job? If yes, please explain.

YES NO COG will consider all of the facts.
Explain: _____

Have you worked for the Council of Governments? If yes, indicate date left.

YES Date _____ NO

COG IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Work History: Please complete the work history information as shown below. You may attach extra sheet, if necessary. You may also attach your resume. Please provide all information needed below.

A. MOST RECENT POSITION	BRIEFLY DESCRIBE DUTIES AND RESPONSIBILITIES
Position Title:	
Employer:	
Dates of Employment: Reason for Leaving:	
Last Salary:	
Name, Title, Phone Number of Immediate Supervisor:	
B. OTHER POSITION HELD	BRIEFLY DESCRIBE DUTIES AND RESPONSIBILITIES
Position Title:	
Employer:	
Dates of Employment: Reason for Leaving:	
Last Salary:	
Name, Title, Phone Number of Immediate Supervisor:	
C. OTHER POSITION HELD	BRIEFLY DESCRIBE DUTIES AND RESPONSIBILITIES
Position Title:	
Employer:	
Dates of Employment: Reason for Leaving:	
Last Salary:	
Name, Title, Phone Number of Immediate Supervisor:	

Work History Continued ... You may attach extra sheet, if necessary. You may also attach your resume. Please provide all information needed below.

D. OTHER POSITION HELD	BRIEFLY DESCRIBE DUTIES AND RESPONSIBILITIES
Position Title:	
Employer:	
Dates of Employment: Reason for Leaving:	
Last Salary:	
Name, Title, Phone Number of Immediate Supervisor:	
E. OTHER POSITION HELD	BRIEFLY DESCRIBE DUTIES AND RESPONSIBILITIES
Position Title:	
Employer:	
Dates of Employment: Reason for Leaving:	
Last Salary:	
Name, Title, Phone Number of Immediate Supervisor:	
F. OTHER POSITION HELD	BRIEFLY DESCRIBE DUTIES AND RESPONSIBILITIES
Position Title:	
Employer:	
Dates of Employment: Reason for Leaving:	
Last Salary:	
Name, Title, Phone Number of Immediate Supervisor:	

Education Please complete the items as shown below. You may attach extra sheet, if necessary.

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED	COURSE OR MAJOR STUDIED DEGREE RECEIVED
High School			
College			
Graduate			
Trade, Business			

Relevant Training

TRAINING COURSES	DATES ATTENDED

Certificates and Licenses:

TYPES OF CERTIFICATE/LICENSE	DATE

Computer Proficiency: Please indicate programs or software. Indicate your level of proficiency accordingly, Example: fair, good, or excellent.

TYPES	SOFTWARE PROGRAMS
Word Processing	
Spreadsheet	
Internet/Web	
Others (Please indicate)	

Awards, Recognition, Hobbies, Interests: Attach a separate piece of paper, if necessary.

Other Relevant Information:

Certification

I certify that, to the best of my knowledge and belief, all of the information submitted in support of this application is true, correct, and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I give the right to the Council of Governments to check prior employment references and verify the accuracy of information provided herein. I understand that I must notify the Office of Human Resources Management of any change in my name, address, phone number and other pertinent information

Signature of Applicant: _____ Date: _____

RETURN COMPLETED APPLICATION TO:

METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS
 Office of Human Resources Management
 777 North Capitol Street, NE Suite 300
 Washington, DC 20002
www.mwcog.org/ohrm/

VOLUNTARY APPLICANT DATA FORM



Metropolitan Washington Council of Governments

Office of Human Resources Management

777 North Capitol Street, NE Suite 300

Washington, DC 20001

To All Applicants:

COG has an Equal Employment program. To find out how effective our recruitment efforts are in reaching all parts of our population, and to help us in the validation of our selection methods, we are asking each applicant to voluntarily give the following information. This information in no way affects you as an individual applicant and will be separated from your application immediately.

POSITION APPLIED FOR: _____ ZIP CODE (Home) _____

ANNOUNCEMENT NO: _____ DATE: _____

Please place an "x" in the appropriate answer to each question below.

A. What gender are you?

1. Female

2. Male

How did you learn about this position?

1. Newspaper/periodical

2. Internet

3. COG Job line

4. School

5. Community Org.

6. Other

B. What is your age?

1. Less than 18 years

2. 18-21 years, inclusive

3. 22-25 years, inclusive

4. 26-39 years, inclusive

5. 40-55 years, inclusive

6. 56-69 years, inclusive

7. 70 years or over

C. Of which racial/ethnic group do you consider yourself a member?

1. White

2. Black

3. Asian/Pacific Islander

4. Hispanic

5. Native American

6. Other (Pls. Specify)

D. Are you a veteran of the U.S. Military? 1. ____ Yes 2. ____ No

E. Are you currently employed? 1. ____ Yes 2. ____ No

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