

DC Networks Registration Form



Registrant

* Indicates Required Information

*First Name: _____ MI: _____ *Last Name: _____

Residential Address

*Address: _____

*City: _____ *State: _____ *Zip Code: _____ Ward: _____

*Primary Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Individual Profile

*Social Security #: _____ - _____ - _____ *Gender: Male _____ Female _____

*Date of Birth: _____ / _____ / _____ (mm/dd/yyyy)

*Are you a US Citizen? Yes _____ No _____ Permanent Resident? Yes _____ No _____

Registered Alien? (Authorized to Work in U.S.)? Yes _____ No _____

Alien Registration #: _____ Exp. Date: _____ / _____ / _____ (mm/dd/yyyy)

*Have you registered for Selective Service? Yes _____ No _____ Selective Service Number: _____

*Highest Grade Completed: Grade _____ GED/High School Diploma _____ Associate's Degree _____
Bachelor's Degree _____ Master's Degree and Higher _____

*What is your current school status? Currently enrolled _____ Not Enrolled _____

Certifications: _____

Licenses: _____

*Type of business worked in? Public/Government _____ Private _____ Not For Profit _____ Other _____

*Industry: Customer Service _____ Restaurant _____ Retail _____ Computer _____ Construction _____

Health Care _____ Maintenance _____ Business/Financial _____ Education _____ Other _____

*Current work status: Working _____ Not Working _____ Part-Time _____ Full-Time _____

*Are you currently looking for work? Yes _____ No _____

Do you have a disability? Yes _____ No _____

*Are you of Hispanic or Latino Heritage? Yes _____ No _____

*Ethnicity (Please check all that apply): African American /Black _____ Caucasian/White _____

American Indian / Alaskan Indian _____ Hawaiian / Other Pacific Islander _____ Asian _____ Other _____

Do you speak any other languages? Yes _____ No _____ If yes, what languages? _____

Military Service

*Are you a Veteran? Yes _____ No _____ If yes, when did you enter the Military? _____ / _____ / _____ (mm/dd/yyyy)

Date of discharge? _____ / _____ / _____ (mm/dd/yyyy) Type of discharge? _____

Employment Information

Name of your last employer? _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Start Date _____ End Date _____

Job Title _____ Salary (per hour) _____

Reason for Leaving _____

AGREEMENT

I understand and agree that the purpose of these services is to help me to attain suitable employment. I will cooperate with the Department of Employment Services in reaching the goal of employment. I certify that all the information given is true to the best of my knowledge and belief. I also acknowledge that I do not have any restrictions or reasons that prohibit me from keeping the agreement. I further acknowledge that I am responsible for notifying the Department of Employment Services once I find a job.

Initials: _____

Date: _____

EQUAL OPPORTUNITY IS THE LAW

The Department of Employment Services (DOES) does not discriminate against any individual on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation, or belief. Furthermore, the DOES does not discriminate against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA) on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity. If you think that you have been discriminated against under the WIA Title I-financially assisted program or activity, you may file a complaint, within 180 days from the date of the of the alleged violation, to either of the departments below:

**DEPARTMENT OF EMPLOYMENT SERVICES'
EQUAL OPPORTUNITY OFFICE
4058 MINNESOTA AVENUE, NE SUITE 5800
WASHINGTON, D.C. 20019**

**U.S. DEPARTMENT OF LABOR
CIVIL RIGHTS CENTER (CRC)
200 CONSTITUTION AVENUE, NW, ROOM N-4123
WASHINGTON, D.C. 20210**

If you elect to file your complaint with DOES, you must wait until DOES issues a written Notice of Final Action, or until 90 days have passed, whichever is sooner, before filing with the CRC (see address above). If the DOES does not provide you with a written Notice of Final Action within 90 days of the filing of the complaint, you do not have to wait for a decision to be issued, but may file a complaint with CRC within 30 days of the expiration of the 90-day period. If you are dissatisfied with the DOES resolution of your complaint, you may file a complaint with the CRC. Such a complaint must be filed within 30 days of the date you received Notice of Final Action from DOES.

Initials: _____

Date: _____

SHARING OF INFORMATION AGREEMENT

I hereby authorize release of the information requested which is relevant for the purpose of employment verification and understand that my Social Security Number may be given to other federal, state, and local governments or other entities under non-disclosed contracts to such agencies.

Witnessed and Requested by:
The Department of Employment Services

I AGREE (Customer Signature) _____ Date _____

EMPLOYMENT SPECIALIST (Signature) _____ Date _____



Government of the District of Columbia
Vincent C. Gray, Mayor
Lisa Maria Mallory
Department of Employment Services