

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF GENERAL SERVICES



JOB PLACEMENT QUESTIONNAIRE

BIOGRAPHICAL INFORMATION

Please answer all questions completely. Complete the email address field if you have an active email account. Be sure to check your email frequently for updates.

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	Apt Number	Ward
<input type="text"/>	<input type="text"/>	<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Work Phone	Cellular Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Date of Birth	Sex				
<input type="text"/>	<table border="1"><tr><td><input type="checkbox"/></td><td>Female</td></tr><tr><td><input type="checkbox"/></td><td>Male</td></tr></table>	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
<input type="checkbox"/>	Female				
<input type="checkbox"/>	Male				

ELIGIBILITY TO WORK

Please answer the following questions to determine your eligibility to work.

US Citizen
<input type="checkbox"/> Yes
<input type="checkbox"/> No

Permanent Resident
<input type="checkbox"/> Yes
<input type="checkbox"/> No

Registered for Selective Service
<input type="checkbox"/> Yes
<input type="checkbox"/> No

EDUCATION

Select your highest level of education

<input type="checkbox"/>	GED
<input type="checkbox"/>	Some College Education
<input type="checkbox"/>	None of the Above

<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	College Degree

<input type="checkbox"/>	Trade School
<input type="checkbox"/>	Post Graduate Education

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TRAINING

Please indicate the certifications and training you are currently enrolled in or have successfully completed. This information will be used to further assist with job placements.

1. OSHA Certified

<input type="checkbox"/>	OSHA 10
<input type="checkbox"/>	OSHA 30
<input type="checkbox"/>	Not Certified

Certified Flagger

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Not Certified

Abatement Certified

<input type="checkbox"/>	Lead
<input type="checkbox"/>	Asbestos
<input type="checkbox"/>	Lead & Asbestos
<input type="checkbox"/>	Not Certified

2. Security Clearance

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

List type of clearance

3. Are you a member of a Union?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

List union affiliation

4. Have you had Apprenticeship training?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, indicate what trade

Training Start Date

Training End Date (leave blank if still enrolled)

Years of Training

5. Are you a licensed Journey Worker?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Indicate Trade

Years of Experience

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6. Do you have any additional certifications and/or training not listed above?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Indicate type of training

Training Start Date

Training End Date (leave blank if still enrolled)

Years of Training

7. Are there any areas of training you do not have but would like to receive?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Indicate type of training

ADDITIONAL INFORMATION

Please provide additional information to assist with job placements.

Are you registered with the Department of Employment Services Online VOS System?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

<i>If yes, do you actively use the system as a resource for jobs?</i>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Did you fill out this application with a Workforce Development Organization (WDO)?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

List name of WDO

Do you have reliable transportation?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Do you have a valid driver's license?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

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CONSTRUCTION DIVISIONS: JOB PLACEMENTS

Select up to three (3) divisions for potential job placement. Your resume and/or training should reflect experience in these areas.

Division 1	
	Administrative
	Site Clean-up
	Other:

Division 2	
	Site work
	Demolition
	Abatement
	Trash removal, moving, storage
	Other:

Division 3	
	Concrete
	Other:

Division 4	
	Masonry
	Exterior façade restoration
	Other:

Division 5	
	Structural steel
	Miscellaneous Metals
	Other:

Division 6	
	Rough carpentry (woods/plastic)
	Other:

Division 7	
	Thermal/Moisture Protection
	Waterproofing
	Roofing
	Other:

Division 8	
	Doors and Windows
	Curtain Walls
	Caulking
	Glass and Glazing
	Other:

Division 9	
	Finishes
	Painting
	Ceiling
	Ceramic Tile/Flooring
	Drywall
	Signage
	Other:

Division 10	
	Specialties
	Toilet Partitions
	Casework
	Lockers
	Other:

Division 12	
	Furnishings
	Seating
	Window Treatments
	Other:

Division 14	
	Elevators
	Other:

Division 15	
	Mechanical
	Plumbing
	Fire Protection
	HVAC
	Other:

Division 16	
	Electrical
	Lighting
	Low Voltage
	Other:

Division 17	

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EMPLOYMENT HISTORY

List any relevant construction work history to ensure proper job placement and attach a resume.

Check box if you have no relevant construction work experience

Employer Name

Start Date

End Date

Employer Address

Position Held

Description of Duties

Employer Name

Start Date

End Date

Employer Address

Position Held

Description of Duties

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Employer Name

Start Date

End Date

Employer Address

Position Held

Description of Duties

I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

Print Name

Signature

Today's Date
