|  |  |  |
| --- | --- | --- |
| **Last Name**Last name. | **First Name**First Name. | **Middle Initial**Middle Initial. |
| **Street Address** Street address | **Zip Code**Zip Code |
| **Position Applied For** Position Name. | **SSN - Last 4 Digits**#### | **Job Requisition Number**Job Requisition # |

I, the undersigned, am currently a District resident and claimed residency preference when applying for the position indicated above. As I have accepted the position, I acknowledge that:

* I understand that I am being appointed to a position in the District government that is either in the Career Service, Educational Service, Management Supervisory Service, or Legal Service, and that I elected a District resident hiring preference when I applied for this job.
* I understand that I am required to remain a resident of the District of Columbia for a period of seven consecutive years (7 years) from the effective date of my appointment, regardless of subsequent promotion, reassignment, transfer, demotion, or any other internal movement within the District government. I further understand that if I move to another state, territory or country during the seven year period I forfeit my employment with the District government.
* I understand that if I apply for and am selected for another position without having claimed residency preference for that position, that I am still required to fulfill my obligation to maintain District residency for the remainder of the initial 7-year period.
* I understand that if I apply for and am selected for another position for which I also claim residency preference, that I will be required to maintain a new 7-year residency period, effective on the date of the new appointment.
* I understand that if I encounter an issue that forces me to move outside the District of Columbia during my 7-year residency requirement, I have the option of requesting and filing a hardship waiver with the District of Columbia Department of Human Resources (DCHR). I understand that approval of the hardship waiver is at the discretion of DCHR.
* I understand and authorize my agency and DCHR to verify my compliance with my residency requirement for the duration of the 7-year period. I understand that DCHR may use public and other relevant records which may include the DC Department of Motor Vehicles (DC DMV) records, income tax withholdings, and other auditing and investigatory techniques needed to adequately verify my District residency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee’s Signature |  | Date(Month, Day, Year) |  | Driver’s License # orNon-driver ID # |  | ID Issuing State |