## **Instructions for Job Applicant:**

- 1. Fill in your name, phone number, school name, and EYC application ID# on BOTH reference forms.
- 2. Select TWO teachers, counselors, school administrators, or coaches and ask them to complete the reference and return to you.
- 3. If you applied on-line (at http://www.ecology.wa.gov/eyc) this means Part 1 of the job application process has been submitted. To complete your application, mail both references (in the same envelope) to the address noted below.
- 4. If you are using a hardcopy Part 1 application instead, return with both Part 2 Teacher References, to this address:

**Deadline:** Your Part 1 application (either online or hardcopy) <u>and</u> teacher references must be physically in our possession by **April 10, 2020**, no exceptions. We DO NOT accept FAXED documents. Plan ahead to avoid missing the deadline. <u>Give at least four working days if you live in Clark County.</u>

Ecology Youth Corps – SWRO Attn: EYC Assistant PO Box 47775 Olympia, WA 98504-7775

*= required field	Please print LEGIBLY, in INK				
* NAME OF STUDENT:					
	First Name	MI	Last Name		(Leave blank if you did NOT apply on-line)
* HOME PHONE: ()		*SCHO	OL NAME:	<u>-</u>	
,,,,,,,,		*CDEW	LOCATION:		
Instructions for Teachers: State Department of Ecology. The pron projects relating to litter pickup, resupervisor. The ideal candidate is how Students must submit a job applicate interviews are held in May and your	ogram is open to a ecycling, and environest, hardworking ion with two teach	Ill youth between the commental education. , and a team player. her references (using	ages of 14 and 17. S Teams of five or six g this form) to apply to	tudents are paid an h crewmembers are e for an EYC summer	nourly wage to wor ach led by an adu job. Competitive
as we make our selection.  NOTE: It is the <u>student's</u> responsibili	ity to have these fo	orms completed and	returned before the de	eadline. Applications	s without TWO
references will be disqualified.					
*Name of Evaluator: (please print)			*Relationship	to Student, check a	all that apply:
*Name of Evaluator: (please print)			Teacher Counselor School Admir	☐ Coa ☐ Othe	ch
*Name of Evaluator: (please print)  *Signature of Evaluator:  *Please evaluate the studen			Teacher Counselor School Admir	Coan	ch
*Name of Evaluator: (please print)  *Signature of Evaluator:			Teacher Counselor School Admir	Coan	ch
Name of Evaluator: (please print) Signature of Evaluator:		e on the followin	Teacher Counselor School Admir (References	Coa Cothe	ch
Name of Evaluator: (please print) Signature of Evaluator: Please evaluate the studen	t named above	e on the followin	Teacher Counselor School Admir (References  ng points: Usually	Coa Cothenistrator Dy friends or relatives  Sometimes	ch
Name of Evaluator: (please print) Signature of Evaluator: Please evaluate the studen Has good attendance	t named above	e on the followin	Teacher Counselor School Admin (References  ng points: Usually	Coa Cothenistrator Dy friends or relatives  Sometimes	ch
Name of Evaluator: (please print)  Signature of Evaluator:  Please evaluate the studen  Has good attendance  Completes assigned tasks	t named above	e on the followin	Teacher Counselor School Admir (References  ng points: Usually	Coa Cothenistrator Dy friends or relatives  Sometimes	ch
Name of Evaluator: (please print)  Signature of Evaluator:  Please evaluate the studen  Has good attendance  Completes assigned tasks  Participates in a group se	t named above	e on the following Always	Teacher Counselor School Admir (References  ng points: Usually	Coa  Coa  Sometimes	ch
*Name of Evaluator: (please print)  *Signature of Evaluator:  *Please evaluate the studen  Has good attendance  Completes assigned tasks  Participates in a group se  Demonstrates self-motiva	t named above	e on the followin	Teacher Counselor School Admin (References  Ing points: Usually	Coan Coan Consistrator Coan Consistrator Coan Coan Coan Coan Coan Coan Coan Coan	Never

## **Instructions for Job Applicant:**

- 1. Fill in your name, phone number, school name, and EYC application ID# on BOTH reference forms.
- 2. Select TWO teachers, counselors, school administrators, or coaches and ask them to complete the reference and return to you.
- 3. If you applied on-line (at <a href="http://www.ecology.wa.gov/eyc">http://www.ecology.wa.gov/eyc</a>) this means Part 1 of the job application process has been submitted. To complete your application, mail both references (in the same envelope) to the address noted below.
- 4. If you are using a hardcopy Part 1 application instead, return with both Part 2 Teacher References, to this address:

**Deadline:** Your Part 1 application (either online or hardcopy) <u>and</u> teacher references must be physically in our possession by **April 10, 2020**, no exceptions. We DO NOT accept FAXED documents. Plan ahead to avoid missing the deadline. Give at least four working days if you live in Clark County.

Ecology Youth Corps – SWRO Attn: EYC Assistant PO Box 47775 Olympia, WA 98504-7775

*= required field		Write your EYC APPLICATION ID # HERE			
* NAME OF STUDENT:					
10 time of oropeitri	First Name	MI	Last Name		(Leave blank if you did NOT apply on-line)
* HOME PHONE: ()		*SCHO	OL NAME:		
		*CREW	LOCATION:		
Instructions for Teachers State Department of Ecology. The pon projects relating to litter pickup, resupervisor. The ideal candidate is held to be supplied interviews are held in May and you	orogram is open to a recycling, and enviro nonest, hardworking, ation with two teach	Il youth between the commental education. , and a team player. er references (using	ages of 14 and 17. St Teams of five or six of this form) to apply for	udents are paid an crewmembers are e	hourly wage to wor each led by an adu r job. Competitive
as we make our selection.  NOTE: It is the student's responsib references will be disqualified.	ility to have these fo	rms completed and	returned before the de	adline. Application	s without TWO
*Name of Evaluator: (please print)	)		*Relationship	to Student, check	all that apply:
			Teacher Counselor School Admir	☐ Coa	er (explain)
*Name of Evaluator: (please print)  *Signature of Evaluator:  *Please evaluate the stude			Teacher Counselor School Admir (References I	Coa	er (explain)
*Signature of Evaluator:			Teacher Counselor School Admir (References I	Coa	er (explain)
Signature of Evaluator:		e on the following	Teacher Counselor School Admir (References I	☐ Coa☐ Oth iistrator ☐ by friends or relative	er (explain)
Signature of Evaluator:  Please evaluate the stude	nt named above	e on the followin	Teacher Counselor School Admir (References I	☐ Coa☐ Oth iistrator ☐ by friends or relative	er (explain)
Signature of Evaluator:  Please evaluate the studer  Has good attendance	nt named above	e on the followin	Teacher Counselor School Admir (References I	☐ Coa☐ Oth iistrator ☐ by friends or relative	er (explain)   s will not be accept  Never
Please evaluate the studer  Has good attendance  Completes assigned task	nt named above	e on the followin	Teacher Counselor School Admin (References I	Coa  Oth  istrator   by friends or relative  Sometimes	er (explain)   s will not be accept  Never
Please evaluate the studer  Has good attendance  Completes assigned task  Participates in a group se	nt named above	e on the followin	Teacher Counselor School Admin (References I	Coa  Oth  iistrator   by friends or relative  Sometimes	er (explain)   s will not be accep  Never
Please evaluate the studer  Has good attendance Completes assigned task Participates in a group so	nt named above	e on the followin	Teacher Counselor School Admin (References II  Usually	Coa  Oth  iistrator   by friends or relative  Sometimes	s will not be accep  Never