

Date Received: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

MEDIAN CREW MEMBER – ECOLOGY YOUTH CORPS

Please type or print neatly in ink

Name: \_\_\_\_\_ (Last) (First) (M.I.)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Message: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
month/date/year

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_ - \_\_\_\_

County: \_\_\_\_\_ Dates available for employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you possess a valid driver's license? Yes  No

Have you ever been convicted of a felony? Yes  No

Do you possess a valid first aid card? Yes  No   
(Ecology may provide first aid / CPR training.)

CPR Card? Yes  No

EDUCATION:

HIGH SCHOOL GRADUATE OR GED: Yes  No

POST HIGH SCHOOL TRAINING (College, Business School, Military, etc.)

NAME and LOCATION	DATES ATTENDED	QUARTER HOURS	SEMESTER HOURS	OTHER	GRADUATED? Yes/No	DEGREE / YEAR	MAJOR OR SUBJECTS TAKEN

If more space is needed, attach additional sheet of paper.

Describe any experience working with the environment. Include paid and volunteer work with schools, community projects, service organizations, etc. Give dates and number of hours worked.

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DO NOT DETACH

EQUAL OPPORTUNITY INFORMATION – In order to ensure equal employment opportunity, the Washington State Department of Ecology request your voluntary cooperation by indicating the following. Your answers will be treated as confidential

Name: \_\_\_\_\_ (Last) (First) (Initial)

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month / day / year)

Gender: Male  Female  Disabled: No  Yes  Physical Mental Sensory  
(If yes, complete reverse side) (circle all that apply)

Veteran: No  Yes  Disabled Veteran: No  Yes  % of Disability \_\_\_\_\_

Race/Ethnic Origin (please check)

A Native American

W Caucasian

C Asian/Pacific Islander

M Hispanic

B African American

Other:

**REMOVE AND RETURN THIS PAGE**

**EMPLOYMENT:** List in order, present or last position first.

1. Last or Present Employer: _____ Telephone # ( ) - _____ Position: _____ Employer's address: _____ SPECIFIC DUTIES: _____ _____ REASON FOR LEAVING: _____	FROM: (Month, Year) / TO: (Month, Year) / Hours Per Week Immediate Supervisor
2. Employer: _____ Telephone # ( ) - _____ Position: _____ Employer's address: _____ SPECIFIC DUTIES: _____ _____ REASON FOR LEAVING: _____	FROM: (Month, Year) / TO: (Month, Year) / Hours Per Week Immediate Supervisor
3. Employer: _____ Telephone # ( ) - _____ Position: _____ Employer's address: _____ SPECIFIC DUTIES: _____ _____ REASON FOR LEAVING: _____	FROM: (Month, Year) / TO: (Month, Year) / Hours Per Week Immediate Supervisor

**IN AN EMERGENCY CALL (Parent or Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**REFERENCES: (Do not list former supervisors or relatives)**

	NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
1.				( ) -
2.				( ) -
3.				( ) -

I certify that the information that has been provided on this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or my termination if employed.

**SIGNATURE** (in ink) \_\_\_\_\_ **DATE** \_\_\_\_\_

DO NOT DETACH

For persons of disability: (see reverse)

Briefly describe the nature and extent of your disability:

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