

\* = required field

Please print LEGIBLY, in INK

FOR OFFICIAL USE ONLY (DO NOT write in this space)

REMINDER: This form MUST be completed by the applicant, not parents

\* Birth Date: (mm/dd/yy) \_\_\_\_\_ \* Last 4 digits of your social security#: \_\_\_\_\_

\* FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ \* LAST NAME: \_\_\_\_\_

\* HOME ADDRESS: \_\_\_\_\_ (Include House #, Street-Ave-Court-etc., plus NW, SW, as applicable)

P O BOX (if you have one): \_\_\_\_\_ (You may miss a chance to interview for the job if your address is incomplete)

\* COUNTY (check one)
 Clark  Grays Harbor
 Lewis  Thurston
 Pierce  Other (write in): \_\_\_\_\_

\* CITY: \_\_\_\_\_ \* STATE: \_\_\_\_\_ \* ZIP CODE: \_\_\_\_\_

Does your address change in the summer? \_\_\_\_\_

\* HOME PHONE: ( ) \_\_\_\_\_ CELL / MESSAGE PHONE: ( ) \_\_\_\_\_

Where did you learn about this opportunity?  School  Ecology Website  Other: \_\_\_\_\_

\* Have you ever been convicted of a misdemeanor or felony?  NO  YES

\* WHERE do you want to work? The Southwest Regional Office will run summer crews ONLY in the areas listed. Visit Ecology's website at http://www.ecology.wa.gov/eyc for information about other crew locations in Washington State.

Summer Crew First Session
July 2 to July 26, 2018
 Chehalis
 Lacey
 Puyallup
 Tacoma
 Vancouver
 Aberdeen
(Select ONE location)

Summer Crew Second Session
July 30 to August 22, 2018
 Chehalis
 Lacey
 Puyallup
 Tacoma
 Vancouver
 Aberdeen
(Select ONE location)

DO NOT DETACH

EQUAL OPPORTUNITY INFORMATION: In order to ensure equal employment opportunity, the Washington State Department of Ecology requests your voluntary cooperation by completing the following information. Your answers will be confidential.

NAME: (First) (M.I.) (Last) BIRTHDATE: (month / day / year)

GENDER:  Male  Female

RACE / ETHNIC ORIGIN (circle all that apply)

DISABLED?  NO  YES

A – Native American M – Hispanic C – Asian/Pacific Islander

B – African American W – Caucasian Other \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION** (Parent or legal guardian – person with legal authority to authorize medical care)

\* FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ \* RELATIONSHIP: (check one)

\*  check here if home address is the same as applicant, if different FILL IN BELOW Parent Legal Guardian Other (explain) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PO BOX: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

\* HOME PHONE: (    ) \_\_\_\_\_

CELL or WORK PHONE: (    ) \_\_\_\_\_

**EDUCATION INFORMATION**

\* SCHOOL NAME: \_\_\_\_\_ \* CURRENT GRADE LEVEL (year in school): \_\_\_\_\_

**EMPLOYMENT HISTORY** (List most recent employer first)\* Have you worked for the Ecology Youth Corps before?  NO  YES \* If yes, when? Summer of \_\_\_\_\_

EMPLOYER #1 - NAME: \_\_\_\_\_

Start date: \_\_\_\_\_

End Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER #2 – NAME: \_\_\_\_\_

Start date: \_\_\_\_\_

End Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please do not write in this space)

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**EXPERIENCE** (Answer each question, to the best of your ability)

\* Describe (with as much detail as possible) any skills or experience gained through volunteer work, community projects, or service organizations and include the dates and nature of the project or organization.

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\* Describe any special skills or capabilities you have that might relate to this EYC job. WHY SHOULD WE HIRE YOU?

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\* Describe your hobbies, interests, school activities, etc.

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By checking this box, I certify that I filled out this application, and, to the best of my knowledge, the information provided is true and complete. I understand any false or misleading information may result in the rejection of my application or my termination if employed.

Checking this box means I understand my application will not be accepted unless **two** teacher references are also submitted with this Part 1 application, **NO exceptions**.

**IMPORTANT:** Every year hundreds of applications are disqualified because Teacher References were not submitted. **Don't let this happen to you!**

Checking this box means I understand my complete application (Part 1 AND 2) must be received **by the April 6, 2018 deadline**. I also understand faxes and late applications will **NOT** be accepted, **NO exceptions**.

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\_\_\_\_\_  
Signature of APPLICANT (in INK)

**WHERE TO MAIL your Part 1 Application AND Part 2 Teacher References:**

DEPARTMENT OF ECOLOGY – SWRO, ATTN: EYC ASSISTANT  
PO BOX 47775, OLYMPIA WA 98504-7775

If you are hand delivering your application, our street address is: 300 Desmond Drive SE, Lacey WA 98503

Questions? For more information or to apply online, visit Ecology's website at:

<http://www.ecology.wa.gov/eyc>