

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) **and** teacher references must be physically in our possession by **April 6 2018**, 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**

Please print LEGIBLY, in INK

Write your EYC APPLICATION ID # HERE

*** NAME OF STUDENT:** _____
 First Name MI Last Name

(Leave blank if you did NOT apply on-line)

*** HOME PHONE:** (____) _____ *** SCHOOL NAME:** _____

Instructions for Teachers: The Ecology Youth Corps (EYC) is a youth employment program administered by the Washington State Department of Ecology. The program is open to all youth between the ages of 14 and 17. Students are paid an hourly wage to work on projects relating to litter pickup, recycling, and environmental education. Teams of five or six crewmembers are each led by an adult supervisor. The ideal candidate is honest, hardworking, and a team player.

Students must submit a job application with two teacher references (using this form) to apply for an EYC summer job. Competitive interviews are held in May and **your personal experience, interactions, and knowledge about this job candidate are very helpful as we make our selection.**

NOTE: It is the student's responsibility to have these forms completed and returned before the deadline. Applications without TWO references will be disqualified.

*** Name of Evaluator:** (please print) _____

*** Relationship to Student, check all that apply:**

- Teacher Coach
 Counselor Other (explain)
 School Administrator _____

*** Signature of Evaluator:** _____

(References by friends or relatives will not be accepted)

*** Please evaluate the student named above on the following points:**

	Always	Usually	Sometimes	Never
Has good attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in a group setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to follow the rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** Based on your experience and personal observations, what qualities do you feel would make this applicant an enthusiastic and reliable employee? Why should we hire him or her? (Use reverse side, if more space is needed)**

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 First Name MI Last Name

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