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) ___________________________________________ (Middle Initial) ___________________________________________ (Last)

BIRTHDATE: ___________________________ (month / day / year)

GENDER: ☐ Male ☐ Female

DISABLED? ☐ NO ☐ YES

RACE / ETHNIC ORIGIN (circle all that apply)
A – Native American M – Hispanic C – Asian/Pacific Islander
B – African American W – Caucasian Other ___________________________

DO NOT DETACH
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 ___________________________  (You may work no more than TWO summers for EYC)

Have you applied to work for us before?  □ NO  □ YES

Have you interviewed with us before?  □ NO  □ YES

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: ___________________________

______________________________

______________________________

______________________________

______________________________

______________________________
EXPERIENCE  (Answer each question, to the best of your ability)  ADDITIONAL INFORMATION MAY BE ADDED ON REVERSE SIDE OR INCLUDED ON SEPARATE PAPER

* 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.

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

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

* 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.

* Checking this box means I understand my complete application (Part 1 AND 2) must be received by the April 1, 2019 deadline. Faxes and late applications will NOT be accepted, NO exceptions.

* Signature of APPLICANT (in INK)  

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

DEPARTMENT OF ECOLOGY – ERO  
ATTN: EYC SECRETARY  
N. 4601 MONROE  
SPOKANE, WA  99205-1295

Questions?  For more information or to apply online, visit Ecology’s website at:  
https://www.ecology.wa.gov/EYC