

\* = required field

Please print LEGIBLY, in INK

INSERT EYC  
APPLICATION ID #  
BELOW. Leave blank if  
you did NOT apply on-line.\* **NAME OF STUDENT:** \_\_\_\_\_  
First Name MI Last Name\* **HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ \* **SCHOOL NAME:** \_\_\_\_\_\* **CREW LOCATION APPLYING FOR:** \_\_\_\_\_**Instructions for Job Applicant:**

1. Fill in your full name, phone number, school name, crew location, 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 <http://www.ecology.wa.gov/EYC>, this means Part 1 of the job application process has been submitted. **To complete your EYC application, mail two teacher references, in the same envelope to the address below.**
4. If you are using a hardcopy Part 1 application instead, return **WITH** your Part 2 Teacher References, to the address below.

**Ecology Youth Corps – ERO, Attn: EYC Secretary**  
**N. 4601 Monroe Street, Spokane, WA 99205-1295**

**Deadline:** References must be physically in our possession by the **APRIL 2, 2018 deadline, NO EXCEPTIONS.** In addition, we **DO NOT** accept **FAXED** documents. Please plan ahead to avoid missing the deadline.

**Instructions for Teachers:** The Ecology Youth Corps (EYC) is a youth employment program administered by the Washington State Department of Ecology. The program, which began in 1975, 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, hard working, 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 April or May and **your personal experience, interactions, and knowledge about this job candidate are very helpful as we make our selection.**

\* **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 this student on the following points:**

The student named above:	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 them?** (Use reverse side, if more space is needed)

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

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INSERT EYC APPLICATION ID # BELOW. Leave blank if you did NOT apply on-line.

\* NAME OF STUDENT: \_\_\_\_\_  
First Name MI Last Name

\* HOME PHONE: (\_\_\_\_) \_\_\_\_\_ \* SCHOOL NAME: \_\_\_\_\_

\* CREW LOCATION APPLYING FOR: \_\_\_\_\_

**Instructions for Job Applicant:**

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\* 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 this student on the following points:**

The student named above:	Always	Usually	Sometimes	Never
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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"/>

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