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 ☐   CPR Card? Yes ☐ No ☐
(Ecology may provide first aid / CPR training.)

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.

_____

_____

_____

DO NOT DETACH

EQUAL OPPORTUINITY 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:

ECY 030-22(a) Revised 12/02
Ecology Region: _____ (Official Use Only)

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:

_____

_____

_____