

Application for Employment



Website: www.evergreen.edu/recreation
Office: (360) 867-6770

PLEASE PRINT OR TYPE

INFORMATION				Home telephone () -	Business telephone () -
Type of application: <input type="checkbox"/> New Employment <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Rehire				Message telephone () -	E-Mail Address
Name: (Last)	(First)	(M.I.)			
Address: (Number and street)		(City)	(State)	(Zip)	

POSITION APPLIED FOR

Lifeguard: Swim Instructor: Door/Rover/ ECO: Other: _____

When are you available: _____

Are you a current Evergreen Student? Yes No Are you work study eligible? Yes No A Number: _____

CURRENT CERTIFICATIONS

CPR? Yes No Lifeguard Training? Yes No First Aid? Yes No W.S.I? Yes No Other: _____

Expires: _____ Expires: _____ Expires: _____ Expires: _____

If a driver's license or other license, certificate, or registration is required for this position, please complete the following:

License, Certificate or Registration	LICENSE NUMBER	EXPIRATION DATE
Driver's License		
Other (Indicate type)		

EDUCATION High School Diploma GED Name and location of high school attended _____

Name/Location of college, business or other schools, or training course attended.	Dates attended		Credits earned		Graduated?		Year degree received	Type of degree	Academic Focus (major/minor)
	From	To	Quarter Hours	Semester Hours	Yes	No			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			

BACKGROUND INFORMATION

Have you been convicted of a misdemeanor or felony within the past seven years that might unfavorably affect your fitness for this job? Yes No

If you have been convicted within the last seven years but the infraction is unrelated to the type of work you seek, you may check "No". A conviction record will not necessarily bar you from employment. Consideration shall include but not be limited to the nature of the offense, the time period since the offense and the receipt of a report from the Washington State Patrol. Are you capable of being bonded against losses of property or theft? Yes No (if you have no evidence to the contrary mark "Yes"). All successful candidates who may be working with children and/or vulnerable persons may be required to complete a background check.

PRIOR RESIDENCES (Please list everywhere you have lived for the past three years. If you need more space please list them on a separate piece of paper.)

Address: (Number and street) (City) (State) (Zip) (Dates resided there)

Address: (Number and street) (City) (State) (Zip) (Dates resided there)

Address: (Number and street) (City) (State) (Zip) (Dates resided there)

EMPLOYMENT HISTORY

This information will be used to determine if your application is approved. Be specific. Your qualifications, grade or rating will be based on this information. If employed, it may also affect your salary offer. Start with your present or most recent job. Include any pertinent experience in the armed forces, volunteer experience and any self-employment. Include both month and year for employment dates. For part-time work, show the average number of hours worked per week. Experience rating is calculated by crediting the number of full-time equivalent months of experience. 174 hours is equivalent to one month of full-time experience. Indicate any change in job title under the same employer as a separate position. **Do not write "see prior applications" or "see resume" in this section,** although a resume may be included to provide ADDITIONAL information. ATTACH ADDITIONAL SHEETS USING THE FORMAT BELOW IF NECESSARY.

Employed by:	Telephone #:	From (Mo/Yr) /	To (Mo/Yr) /
Employer's address:	Your title:	Total Months	Avg Hrs Per Wk.
Specific duties:		Ending monthly salary:	
		No. of employees supervised: _____	
		Name/Title of immediate supervisor:	
Reason for leaving:	May we call your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employed by:	Telephone #:	From (Mo/Yr) /	To (Mo/Yr) /
Employer's address:	Your title:	Total Months	Avg Hrs Per Wk.
Specific duties:		Ending monthly salary:	
		No. of employees supervised: _____	
		Name/Title of immediate supervisor:	
Reason for leaving: No	May we call your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employed by:	Telephone #:	From (Mo/Yr) /	To (Mo/Yr) /
Employer's address:	Your title:	Total Months	Avg Hrs Per Wk.
Specific duties:		Ending monthly salary:	
		No. of employees supervised: _____	
		Name/Title of immediate supervisor:	
Reason for leaving: No	May we call your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employed by:	Telephone #:	From (Mo/Yr) /	To (Mo/Yr) /
Employer's address:	Your title:	Total Months	Avg Hrs Per Wk.
Specific duties:		Ending monthly salary:	
		No. of employees supervised: _____	
		Name/Title of immediate supervisor:	
Reason for leaving:	May we call your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SIGNATURE

"I certify that the information contained in this application form is true, correct and complete to the best of my knowledge. I understand that consideration of this application and the continuation of any subsequent employment depend upon the true and accurate representation of the facts as stated or implied herein. In addition, I hereby authorize The Evergreen State College to make inquiries regarding my education, work experience and references, unless otherwise stated. I hereby release all parties and persons associated with any such inquiries from liability in connection with information they give."

SIGNATURE OF APPLICANT _____ DATE _____

APPLICATION FOR STAFF EMPLOYMENT, PROMOTION OR TRANSFER

The Evergreen State College is committed to an Affirmative Action Program aimed at achieving equal employment opportunity. This program provides for the targeted recruitment of African Americans, American Indians/Alaskan Natives, Asian/Pacific Islanders, Hispanics, women, persons age 40 and over, persons with disabilities, disabled veterans, and Vietnam era veterans when these groups are underrepresented in the college's workforce. **The information requested below is voluntary and is used for Affirmative Action statistical purposes. Your responses will be kept confidential and are not forwarded to hiring officials.**

Name: _____

Position applied for: _____

Date: _____

RACE CODES Which race do you consider yourself to be?

- White Black or African-American Eskimo Black/Asian
 American Indian, print name of the enrolled or principal tribe
 Aleut Chinese Korean Vietnamese
 Filipino Japanese Hawaiian Asian Indian Samoan Guamanian
 Other Asian or Pacific Islander (please print) →
 Other race (please print) →

Are you or are you not of Spanish/Hispanic origin?

- No, not Spanish/Hispanic
 Yes, Puerto rican
 Yes, Mexican, Mexican-American, Chicano
 Yes, Cuban
 Yes, other Spanish/Hispanic (please print)

GENDER

- Male Female

DATE OF BIRTH

DISABILITY Please check all areas that apply to you.

- No disability
 Ambulatory/Mobility
 Visual
 Hearing
 Mental/psychological
 Multiple disabilities
 Other

MILITARY STATUS

Not Indicated Disabled veteran-other than Vietnam Other than Vietnam veteran
 Nonveteran Retired veteran Vietnam era veteran Disabled veteran-Vietnam era

If you are a veteran who has been discharged within the past eight years, and a Vietnam era veteran, or have received an expeditionary medal for opposed action on foreign soil, or a disabled veteran, you may be eligible to claim veteran's preference. A copy of your DD214 is required to determine your eligibility.

Dates of service: From _____ To _____ DD214 attached? Yes No

SIGNATURE

Applicant's signature _____ Date _____

AFFIRMATIVE ACTION, EQUAL OPPORTUNITY STATEMENT

It is the policy of The Evergreen State College to provide equal opportunity for all employees, prospective employees, students, and to all persons who seek access to any of the college's services, facilities or academic programs, without regard to race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. The Board of Trustees pledges that it will provide adequate funding and resources necessary for implementation of this policy.