



The
Evergreen
State
College
Olympia, WA
98505

Application for Employment

Website: <http://www.evergreen.edu/employment>
email: jobline@evergreen.edu Office: (360) 867-5361

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"/> Demotion				Message telephone () -	E-Mail Address
Name: (Last)	(First)	(M.I.)			
Address: (Number and street)		(City)	(State)	(Zip)	

POSITION APPLIED FOR

Enter exact title: _____ Bulletin number: _____

How did you learn of this position? Please be specific. This information helps us better identify our recruiting sources. Name of newspaper, if applicable: _____

Will you accept: Any Shift Day shift only Full-time employment Part-time employment Temporary Employment

INTER-SYSTEM/AGENCY TRANSFER INFORMATION

Are you currently a permanent employee of a Washington state agency or state higher education institution or related board? Yes No

If yes, agency or institution name: _____

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		
Commercial (A, B, C)		
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"/>			

All successful candidates who may be working with children and/or vulnerable persons may be required to complete a background check.

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:	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		
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 _____

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, genetic information, disability, or veteran status.