



The  
Evergreen  
State  
College  
Olympia, WA  
98505

# Application for Student Employment

PLEASE PRINT OR TYPE

<b>INFORMATION</b>	Home telephone ( ) ( )		Business telephone ( ) ( )	
	Message telephone ( ) ( )		E-Mail Address	
Name: (Last)	(First)	(M.I.)		
Address: (Number and street)		(City)	(State)	(Zip)

**POSITION APPLIED FOR**

Enter exact title:

How did you learn of this position? Please be specific.

Will you accept:  Any Shift  Day shift only  Only the following hours:

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			

**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.

**The Evergreen State College is an equal Opportunity/Affirmative Action Employer**

## 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No		
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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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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 \_\_\_\_\_