



## ECOLOGY YOUTH CORPS MEDIAN CREW APPLICATION

The Ecology Youth Corps (EYC) Program is made possible through the Waste Reduction, Recycling and Model Litter Control Act. It is funded by a tax paid by businesses that manufacture, distribute, or sell products that contribute to the litter problem.

**Median crew members must be at least 18 years old, and provide adequate documentation to verify eligibility to work in the United States.**

Crews clean litter and recycle materials from highway center medians, interchanges, and other difficult road areas. Most employment occurs during the spring and fall with possible summer activity.

The Washington State Department of Ecology is an Equal Opportunity employer and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled-veteran status, Vietnam-era veteran's status, or sexual orientation. For special accommodation needs, please contact the Employee Services Office at (360) 407-6186. The TTY number is 711 or 1-800-833-6308.

### PLEASE NOTE

Hiring is based on the results of our standardized interview. Former crew members must reapply for consideration each year. You will be notified regarding your interview status.

If selected for employment, you may be asked to voluntarily sign a Driving Record Release Authorization form. Any conviction within the preceding three years for the following:

- hit and run driving
- driving while intoxicated or impaired
- reckless or negligent driving
- driver's license suspension or revocation for cause involving operation of a motor vehicle
- three (3) or more moving violation convictions

will eliminate you from being permitted to drive the crew van. Drivers and non-drivers compete equally for crew member positions.

**All EYC crew member positions are temporary.** If you are seeking permanent employment, contact the Department of Ecology, Employee Services, PO Box 47600, Olympia, Washington 98504-7600.

### Applicants - please keep this information page

**Send your completed application to the appropriate Ecology regional office listed on the next page.** For more information, contact the EYC coordinator nearest you or visit our website at <http://www.ecy.wa.gov/programs/swfa/eyc/>.

~ printed on recycled paper ~

# IMPORTANT - Where to Send Your Application

**Locate the COUNTY where you want to work  
Mail your application to the Regional Office listed in the SAME box**

COUNTY	NORTHWEST REGION
Island King Kitsap San Juan Skagit Snohomish Whatcom	EYC Coordinator Department of Ecology <b>Northwest Regional Office</b> <b>3190 - 160th Ave SE</b> <b>Bellevue, WA 98008-5452</b>  <b>Phone (425) 649-7224</b> <b>Fax (425) 649-7098</b>

COUNTY	SOUTHWEST REGION
Clallam Clark Cowlitz Grays Harbor Jefferson Lewis Mason Pacific Pierce Skamania Thurston Wahkiakum	EYC Coordinator Department of Ecology <b>Southwest Regional Office</b> <b>PO Box 47775</b> <b>Olympia, WA 98504-7775</b>  <b>Phone (360) 407-6351</b> <b>Fax (360) 407-6305</b>

COUNTY	CENTRAL REGION
Benton Chelan Douglas Kittitas Klickitat Okanogan Yakima	EYC Coordinator Department of Ecology <b>Central Regional Office</b> <b>15 West Yakima Ave</b> <b>Suite 200</b> <b>Yakima, WA 98902-3401</b>  <b>Phone (509) 454-7209</b> <b>Fax (509) 575-2809</b>

COUNTY	EASTERN REGION
Adams Asotin Columbia Ferry Franklin Garfield Grant Lincoln Pend Oreille Spokane Stevens Walla Walla Whitman	EYC Coordinator Department of Ecology <b>Eastern Regional Office</b> <b>North 4601 Monroe St</b> <b>Suite 202</b> <b>Spokane, WA 99205-1295</b>  <b>Phone (509) 329-3506</b> <b>Fax (509) 329-3572</b>

# APPLICATION FOR EMPLOYMENT MEDIAN CREW - ECOLOGY YOUTH CORPS

**FOR OFFICIAL USE ONLY**  
Date Received \_\_\_\_\_  
Region \_\_\_\_\_

**Please type or print neatly in ink**

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Message or Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
month/day/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 you have had working with the environment. Include paid and volunteer work with schools, community projects, service organizations, etc. Include dates and number of hours worked.

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## DO NOT DETACH

**EQUAL OPPORTUNITY INFORMATION** - In order to ensure equal employment opportunity, the Washington State Department of Ecology requests your voluntary cooperation by providing the following information. Your answers will be treated as confidential.

Name \_\_\_\_\_  
(Last) (First) (MI)

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender Male  Female

Disabled No  Yes  Physical Mental Sensory (circle all that apply)

Veteran No  Yes  Disabled Veteran No  Yes  % of Disability \_\_\_\_\_

REGION:  
(Official Use Only)

Race/Ethnic Origin  
(please check)

A Native American

W Caucasian

C Asian/Pacific Islander

M Hispanic

B African American

Other \_\_\_\_\_

**EMPLOYMENT** (List in order, present or last position first)

<b>1.</b> Last or Present Employer _____ Phone ( ) - Position _____ Employer's address _____ Specific Duties _____ _____ Reason for Leaving _____	From (Month, Year) /
	To (Month, Year) /
	Hours Per Week
	Immediate Supervisor
<b>2.</b> Employer _____ Phone ( ) - Position _____ Employer's address _____ Specific Duties _____ _____ Reason for Leaving _____	From (Month, Year) /
	To (Month, Year) /
	Hours Per Week
	Immediate Supervisor
<b>3.</b> Employer _____ Phone ( ) - Position _____ Employer's address _____ Specific Duties _____ _____ Reason for Leaving _____	From (Month, Year) /
	To (Month, Year) /
	Hours Per Week
	Immediate Supervisor

**IN AN EMERGENCY CALL**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) -  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**REFERENCES** (Do not include former supervisors or relatives)

	Name	Relationship	Address	Phone
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** \_\_\_\_\_