



The
Evergreen
State
College
Olympia, WA
98505

Application for Student Employment

PLEASE PRINT OR TYPE

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

POSITION APPLIED FOR

Enter exact title: Academic Computing Technician (Computer Center Student Staff)

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 N/A	N/A	N/A
Commercial (A, B, C) N/A	N/A	N/A
Other (Indicate type) N/A	N/A	N/A

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		
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		

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 _____

Supplemental Questions for applying to the Academic Computing Center

*Please complete these questions in addition to the generic **Application for Student Employment**. You may write or type your answers. Turn in completed applications in person to The Academic Computing Center at The Evergreen State College or email to: barberf@evergreen.edu. Write your name on the top of your page of questions.*

- 1. Why do you want to work in the Academic Computing Center?**
- 2. Explain a complex project or assignment you have undertaken - either technical or non-technical in nature. What was the outcome?**
- 3. What is your idea of a good team member?**
- 4. Explain three principles of customer service that you envision might apply to this job:**
- 5. Discuss any particular concerns you have regarding this position (scheduling, etc):**