

APPLICATION FOR ENROLLMENT

Application form must be filled out completely. Print legibly or complete the application on-line. To move to next field on-line, use the tab button. Follow Application Steps on the last page.

Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Participants in NOWCC sponsored programs must meet statutory age requirements. Should you be offered a position, can you provide proof that you are at least 55 years of age? Yes No

If offered a position, can you provide proof of your legal right to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, when and general nature of conviction? _____
(A criminal conviction will not necessarily disqualify you.)

EDUCATIONAL RECORD

Schools Attended	Name and Location	No. Years Completed	Degree/Major
Last H.S. / GED			
College or Univ.			
Graduate School			
Other			

COMPUTER SKILLS

Indicate the types of office equipment with which you are proficient, such as personal computers, word processing systems, computer software (i.e. Excel, Lotus), data base systems.

Word Excel Access Email Power Point Other (please list below)

PROFESSIONAL CERTIFICATIONS/SPECIALIZED EXPERIENCE

List related skills/experience not shown elsewhere such as environmental, conservation, scientific, customer service or other. Include any relative technical and professional certifications.

Languages Spoken/Written: _____

VOLUNTEER / RELATIVE EXPERIENCE

Please share volunteer experience or related programs including dates of service.

Have you ever been enrolled in the SEE or ACES Program? Yes No

If yes, give final date worked and Grantee Agency name _____

EMPLOYMENT RECORD

Other name under which employment may be verified _____

Employer			Title/Role/Duties:
Address			
Supervisor	Telephone	Salary	
Employment Dates (MM/YYYY) From	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To			
Employer			Title/Role/Duties:
Address			
Supervisor	Telephone	Salary	
Employment Dates (MM/YYYY) From	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To			
Employer			Title/Role/Duties:
Address			
Supervisor	Telephone	Salary	
Employment Dates (MM/YYYY) From	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To			

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from the programs administered by NOWCC. I certify that, if selected for a SEE position at EPA, continued Enrollment is contingent on the successful completion of Personal Identity Verification (PIV), Finger Printing, and a National Agency Check with Inquiries (NACI). I have no objection to making an application for security clearance or taking a medical examination if required, signing the enrollment agreement and the conflict of interest forms, or providing confidential information.

I further authorize the companies listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my participation, I agree to conform to the policies, rules and regulations of the programs administered by NOWCC and understand that my participation and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either NOWCC or myself. I further understand that this "at will" enrollment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of NOWCC.

Signature of Applicant

Date of Signature

Print Name

Please provide three professional references (required if chosen as a finalist)

Reference Name	Email Address	Phone Number

