

Name:        Phone:          Address       City       State       ZIF         II.       DESIRED EMPLOYMENT: Pleas indicate Positions of Interest.         Park Ranger Aide       Law Enforcement	)
II. <u>DESIRED EMPLOYMENT:</u> Pleas indicate Positions of Interest. <u>Park Ranger Aide</u> <u>Law Enforcement</u>	
Park Ranger Aide Law Enforcement	
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Quagga Technician Office Assistant Deputy Ranger	
Maintenance Event Center Coordinator	
Gate Attendant	
Dates Available for Employment: toto	
Have you worked for Parks and Recreation in the past? Yes No	
have you worked for Farks and Recreation in the past?	
When:         Where:	
III. EDUCATION If claiming college education/credit, please attach a copy of your transcripts.	
Have you graduated from high school or received a high school equivalency diploma (GED)?	
Yes No If No, mark highest grade completed: 1 2 3 4 5 6 7 8 9 10	
Have you graduated from college? Yes No	
Name/Location of College/University:	
Dates Attended: to Major: Degree:	
If you have not graduated from college, but are currently enrolled:	
Name/Location of College/University:	
Completed hours: Major: Expected Graduation Date:	
For Deputy Park Ranger Only:	
Have you completed the Utah Peace Officers Standards and Training? Yes If Yes, Type of Certification:	No

IV. Please Check Special Skills or Aptitudes:

Do you have a valid Driver's License?	Yes	No	State:	
Mechanical Skills	Heavy Equipment Operation			
Law Enforcement	Janitorial Experience			
Office Skills	Grounds Mair	ntenance		
Hard Physical Labor	Interpretive Experience			
EMT/First Aid	Public Relatio	ns		
V. Experience: Begin with the most recent job and desc	cribe all periods of en	nployment, a	ttach add. sheets if	necessary.

Employer:	Pho	Phone:			
Employer Address Supervisor's Name and Title:	City	State Your Title:	ZIP		
Dates Employed: to Summary of Duties:	Hours/Week:	Salary \$	/ Hour		
Employer:	Pho	one:			
Employer Address	City	State	ZIP		
Supervisor's Name and Title:		_ Your Title:			
Dates Employed: to Summary of Duties:	Hours/Week:	Salary \$	/ Hour		
 Employer:	Pho	one:			
Employer Address	City	State	ZIP		
Supervisor's Name and Title:		_ Your Title:			
Dates Employed: to	Hours/Week:	Salary \$	/ Hour		

Experience: (Continued)

Summary of Duties:

Employer:	Phor	ne:	
Employer Address	City	State	ZIP
Supervisor's Name and Title:		Your Title:	
Dates Employed: to	Hours/Week:	Salary \$	/ Hour
Summary of Duties:			

VI. Signature Block:

READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

I affirm that this application contains no misrepresentations or falsifications and that information given by me is true and complete. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or, if employed by the Department of Natural Resources, I can be terminated from employment. I give permission to any agent of the Department of Natural Resources to contact my current and former employers for any employment information including my demonstrated performance abilities. Finally, I authorize that copies of any of my employment information may be furnished to the Department of Natural Resources.

Signature of Applicant

Date