



DEPARTMENT OF NATURAL RESOURCES  
 1594 WEST NORTH TEMPLE, SUITE 316  
 SALT LAKE CITY UT 84116-3154



**SEASONAL APPLICATION**

**APPLICANT INFORMATION: (Please Print)**

NAME (Last, First, Middle Initial) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE / WORK HOME \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

DATES AVAILABLE FOR EMPLOYMENT From: \_\_\_\_\_ To: \_\_\_\_\_

**EDUCATION**

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA (GED)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

HAVE YOU GRADUATED FROM COLLEGE? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME/LOCATION OF COLLEGE/UNIVERSITY	DATES ATTENDED FROM / TO	MAJOR	DEGREE	DATE
	/			
	/			

IF YOU HAVE NOT GRADUATED FROM COLLEGE BUT ARE CURRENTLY ENROLLED, PLEASE COMPLETE THE FOLLOWING:

SCHOOL \_\_\_\_\_ COMPLETED QTR HRS: \_\_\_\_\_ SEM HRS: \_\_\_\_\_

MAJOR: \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_

**FOR DEPUTY PARK RANGER ONLY:**

- HAVE YOU COMPLETED THE PEACE OFFICER STANDARDS TRAINING? YES \_\_\_ NO \_\_\_
- IF YES, TYPE OF CERTIFICATION: \_\_\_\_\_

**FOR FIRE PERSONNEL ONLY:**

- HAVE YOU SUBMITTED A COPY OF A CURRENT FITNESS TEST? YES \_\_\_ NO \_\_\_
- DO YOU HAVE A CURRENT RED CARD? YES \_\_\_ NO \_\_\_
- HAVE YOU BEEN ISSUED A "RED CARD" FIRE QUALIFICATION IN THE LAST EITHER 3 YEARS \_\_\_\_\_ OR 5 YEARS \_\_\_\_\_?
- LAST QUALIFIED POSITION IN THE NWCG RED CARD SYSTEM \_\_\_\_\_, YEAR \_\_\_\_\_
- ANY TRAINEE POSITIONS, WHICH A TASK BOOK HAS BEEN ISSUED IN, LAST 3 YEARS, BUT NOT COMPLETED? IF YES, PLEASE EXPLAIN.  
\_\_\_\_\_.

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**PLEASE CHECK SPECIAL SKILLS OR APTITUDES:**

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Horse Shoeing, Packing and Riding                               | <input type="checkbox"/> Ranching and Farm equipment                            |
| <input type="checkbox"/> Mechanical skills   | <input type="checkbox"/> Operation of Heavy equipment                           |
| <input type="checkbox"/> Law Enforcement   | <input type="checkbox"/> Swimming   |
| <input type="checkbox"/> Scuba Diving or Snorkeling                                      | <input type="checkbox"/> Public Relations                                       |
| <input type="checkbox"/> Office Skills   | <input type="checkbox"/> Laboratory Skills                                      |
| <input type="checkbox"/> Hard Physical Labor<br>(sustained period of strenuous activity) | <input type="checkbox"/> Operation of Recreation Equipment<br>(including boats) |
| <input type="checkbox"/> Fire Suppression – fire department                              | <input type="checkbox"/> Chainsaw Certification _____                           |
| <input type="checkbox"/> Engine Crew – Wildland  | <input type="checkbox"/> Qualified Initial Attack IC                            |
| <input type="checkbox"/> Hand Crew – Wildland  | <input type="checkbox"/> Other Wildland Qualifications: (describe below)        |
| <input type="checkbox"/> Qualified Wildland Crew Boss                                    | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Helitack  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> EMT   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Qualified Engine Boss   | _____   |

**EXPERIENCE:**

BEGIN WITH PRESENT OR MOST RECENT JOB AND DESCRIBE ALL PERIODS OF EMPLOYMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY, USING THE SAME FORMAT.

_____	_____	FROM: _____	TO: _____
EMPLOYER	TELEPHONE	MO/YR	MO/YR
_____	_____	SALARY \$ _____ / HOUR	
EMPLOYER'S ADDRESS	_____	HOURS / WEEK _____	
_____	_____	_____	
CITY	STATE	ZIP	
_____	_____	_____	
YOUR TITLE	SUPERVISOR'S NAME & TITLE		

SUMMARY OF DUTIES:

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EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MO/YR MO/YR  
EMPLOYER'S ADDRESS \_\_\_\_\_ SALARY \$ \_\_\_\_\_ / HOUR  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOURS / WEEK \_\_\_\_\_  
YOUR TITLE \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

SUMMARY OF DUTIES:

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EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MO/YR MO/YR  
EMPLOYER'S ADDRESS \_\_\_\_\_ SALARY \$ \_\_\_\_\_ / HOUR  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOURS / WEEK \_\_\_\_\_  
YOUR TITLE \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

SUMMARY OF DUTIES:

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EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MO/YR MO/YR  
EMPLOYER'S ADDRESS \_\_\_\_\_ SALARY \$ \_\_\_\_\_ / HOUR  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOURS / WEEK \_\_\_\_\_  
YOUR TITLE \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

SUMMARY OF DUTIES:

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**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.

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Signature of Applicant

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Date