



Department of Natural Resources  
Jordanelle State Park  
SR 319 Building 515 Box #4  
Heber City, Utah 84032  
**Summer/Seasonal Application Form**

---

I. APPLICANT INFORMATION: (Please Print) E-Mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Address City State ZIP

---

II. DESIRED EMPLOYMENT: Please indicate Positions of Interest.

<u>Park Ranger Aide</u>		<u>Volunteer</u>
Quagga Technician	Office Assistant	Camp Host
Maintenance	Event Center Coordinator	
Gate Attendant		

Dates Available for Employment: \_\_\_\_\_ to \_\_\_\_\_  
Have you worked or volunteered for Utah State Parks before? Yes No  
When: \_\_\_\_\_ Where: \_\_\_\_\_

---

III. EDUCATION

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 11 12

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: \_\_\_\_\_

---



Experience: (Continued)

Summary of Duties:

---

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
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