

I. <u>A</u> F	. APPLICANT INFORMATION: (Please Print)		E-Mail:				
Na	Name:		_ Pł	none:			
Ac	Idress	· · · · · · · · · · · · · · · · · · ·	City	State	ZIP		
II. <u>D</u>	ESIRED EMPLOYMENT: Please indica	ate Positions of Ir	nterest.				
	Park Ranger Aide			Vo	lunteer		
	Quagga Technician Office Assista		nt Camp Host		mp Host		
	Maintenance	Event Center Coordinator					
	Gate Attendant						
Dat	tes Available for Employment:	to		_			
Hav	ve you worked or volunteered for U	tah State Parks	before? Ye	es No			
Wh	en:	Where:					
	DUCATION						
На	ave you graduated from high schoo	I or received a	high school	equivalency diplo	oma (GED)?		
			-		8 9 10 11 12		
		U					
На	ave you graduated from college?	Yes	No	C			
	Name/Location of College/University:						
Da	ates Attended: to		Major:	Deg	gree:		
	If you have not graduated from college, but are currently enrolled:						
	Name/Location of College/University:						
	ompleted hours:				on Date:		
		,					

IV. Please Check Special Skills or Aptitudes:

Do you have a valid Driver's License?	? Yes	No State:			
Mechanical Skills	Heavy Equipr	Heavy Equipment Operation			
Office Skills	Janitorial Exp	Janitorial Experience Grounds Maintenance Interpretive Experience			
Hard Physical					
Labor EMT/First Aid	•				
	Public Relation	ons			
Experience: Begin with the most recent job and	describe all periods of er	mployment, attach add. si	heets if necess		
Employer:	Ph	none:			
Employer Address	City	State	ZIP		
Supervisor's Name and Title:		Your Title:			
Dates Employed: to	Hours/Week:	Salary \$	/ Hour		
Summary of Duties:					
Employer:	Ph	none:			
Employer: Employer Address	Ph <u>City</u>	ione: State	ZIP		
	City	State	ZIP		
Employer Address Supervisor's Name and Title:	City	State Your Title:	ZIP		
Employer Address	City	State Your Title:	ZIP		
Employer Address Supervisor's Name and Title: Dates Employed: to	City	State Your Title:	ZIP		
Employer Address Supervisor's Name and Title: Dates Employed: to	City Hours/Week:	State Your Title:	ZIP / Hour		
Employer Address Supervisor's Name and Title: Dates Employed: to Summary of Duties: Employer:	City Hours/Week: Ph	StateYour Title:Salary \$	ZIP / Hour		
Employer Address Supervisor's Name and Title: Dates Employed: to Summary of Duties:	City Hours/Week:	State Your Title: Salary \$	ZIP / Hour		
Employer Address Supervisor's Name and Title: Dates Employed: to Summary of Duties: Employer:	City Hours/Week: Ph	State Your Title: Salary \$ none: State	ZIP / 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