



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.
_____.

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
(sustained period of strenuous activity) | <input type="checkbox"/> Operation of Recreation Equipment
(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:

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:

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:

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:

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