

Application for Employment Lake Guntersville State Park

FULL NAME: _____ SOCIAL _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATION: _____

D.O.B. _____ LIC, ID, OR PASSPORT# _____ STATE _____

EVER APPLIED FOR OR WORKED FOR ALABAMA STATE PARKS? YES ___ NO ___
 IF YES WHAT PARK: _____ SUPERVISOR _____ NUMBER: _____

HIGHEST LEVEL GRADE REACHED: DIPLOMA ___ GED ___ COLLEGE _____

EVER BEEN CONVICTED OF A FELONY ? YES ___ NO ___ CONVICTION: _____

POSITION APPLYING FOR: _____ DATE AVAILABLE: _____

AVAILABLE FOR BUCKS POCKET EMPLOYMENT? YES ___ NO ___

ANY RESTRICTIONS WE NEED TO BE AWARE OF: _____

LIST THE NAME AND PHONE NUMBER OF TWO PERSONS, NOT RELATIVES OR FORMER EMPLOYERS, AS REFERENCES:

NAME	PHONE NUMBER	YRS KNOWING THEM

CHECK HOURS, SHIFTS, DAYS OF THE WEEK YOU ARE AVAILABLE (Depending on job may still be scheduled)

SHIFT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6am-11am							
11am—4pm							
4pm-10pm							
8pm-2am							

Work History

Current/Last Employer:				Official job title:				
Address:				Type of Business:				
FROM		TO		Total Months	If part time no. of hours worked	Beginning Pay start - ending \$ ____ / ____	How often paid _____	May we contact employer
MO	YR	MO	YR					
Name of Supervisor:					Reason for leaving:			
Describe duties in detail:								

“The Department of Conservation and Natural Resources does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, pregnancy, genetic information or veteran status in its hiring or employment practices nor in admission to, access to, or operations of its programs, services, or activities.”

Previous Employer				Official job title			
Address:				Type of Business			
FROM MO YR	TO MO YR	Total Months	If part time no. of hours worked	Beginning Pay start - ending \$ ____ / ____	How often paid _____	May we con- tact employer	
Name of Supervisor:				Reason for leaving:			
Describe duties in detail:							

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Address:				Type of Business			
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Name of Supervisor:				Reason for leaving:			
Describe duties in detail:							

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Name of Supervisor:				Reason for leaving:			
Describe duties in detail:							

What does customer service mean to you? _____

Any other talents or hobbies you want to share? _____

I UNDERSTAND THAT EMPLOYMENT AT LAKE GUNTERSVILLE STATE PARK MAY REQUIRE WEEKEND, HOLIDAY, AND IRREGULAR HOURS. I certify that all statements on the front and back of this application or on attached pages, are true and correct to the best of my knowledge. I understand that any false statements may cause me to be refused the opportunity for employment. I further authorize the release of relevant prior employment, military, and criminal records.

Signature (in ink): _____ Date: _____