



Gregory M. Lein
DIRECTOR

STATE OF ALABAMA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DeSoto State Park
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DeSoto.StateParkLodge@dnr.alabama.gov - www.alapark.com



DIVISION OF STATE PARKS

N. Gunter Guy, Jr.
Commissioner

Curtis Jones
Deputy Commissioner

APPLICATION FOR EMPLOYMENT

NAME: _____ Soc. Sec. No. _____
Last First Middle

Address: _____ Telephone: _____

City _____ State _____ Zip Code _____

Date Of Birth: _____ Age: _____

Driver's Lic. No. _____ State: _____

Last School/College: _____ Highest Grade/Year Reached: _____

GED: Yes, No. Are you able to perform the essential functions, of the job you are applying for with or without accommodations? (see attached job description): Yes, No.

Have you ever been convicted of a crime? : Yes, No.

Position Applying For: _____ Date Available: _____

Are you interested in other jobs at DeSoto State Park? YES NO

List the names and phone numbers of two persons, not relatives or former employers, as references:

NAME	PHONE NO.

I UNDERSTAND THAT EMPLOYMENT AT DESOTO STATE PARK OR DESOTO STATE PARK LODGE MAY REQUIRE WEEKEND WORK, HOLIDAY WORK, 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: _____
DeSoto State Park and the Division of State Parks are Equal Opportunity Employers.

-OVER-

1. Current or Last Employer:				Your Official Job Title:		
Address:				Type of Business:		
FROM Month Year	TO Month Year	Total Months	If part-time, no. of hours worked a week	Beginning Salary \$ _____ per	Ending Salary \$ _____ per	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Number and title of employees you Supervised:			Equipment you operated:			
Reason For Leaving:						
Describe your duties in detail:						

2. Employer:				Your Official Job Title:		
Address:				Type of Business:		
FROM Month/Year	TO Month/Year	Total Months	If part-time, no. of hours worked a week	Beginning Salary \$ _____ per	Ending Salary \$ _____ per	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Number and title of employees you supervised:			Equipment you operated:			
Reason For Leaving:						
Describe your duties in detail:						

3. Employer:				Your Official Job Title:		
Address:				Type of Business:		
FROM Month/Year	TO Month/Year	Total Months	If part-time, no. of hours worked a week	Beginning Salary \$ _____ per	Ending Salary \$ _____ per	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Numbers and tile of employees you supervised:			Equipment you operated:			
Reason For Leaving:						
Describe your duties in detail:						