

State of Alabama
 Department of Conservation & Natural Resources
 State Parks Division

Application for Hourly Employment

At which park are you submitting an application? Joe Wheeler

For what position are you applying?

Are you a U.S. Citizen or do you possess a legal U.S. Work Visa? YES NO

Personal Information

Applicant's Name (Last, First MI)		Telephone Number () -	Alternate Telephone Number () -
Street Address			Apt Number
City		State	Zip Code
Date of Birth	Driver's License Number	Social Security Number - -	
Email Address			

Education / Certification

Do you currently have a high school diploma or GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	What is the highest level of school you have completed?	
List any work related education or certifications below:		
Field of Study / Specialization	Education or Certification	Certification Expiration Date (MM/YYYY):
		/
		/
		/

Employment History

Fill out the following information beginning with your most recent employer and progress backwards -			
Employer Name (Company Name)		Employer Phone Number () -	
Employer Street Address	City	State	Zip Code
Date of Employment (MM/YYYY) Start: / End: /		Position Held	
Supervisor's Name		Reason for Leaving	

May we contact this employer? YES NO

Employment History Continued

Employer Name (Company Name)		Employer Phone Number () -	
Employer Street Address	City	State	Zip Code
Date of Employment (MM/YYYY) Start: / End: /		Position Held	
Supervisor's Name	Reason for Leaving		

May we contact this employer? YES NO

REFERENCES:

Name	Address	Phone Number
		() -
		() -
		() -

Have you ever been convicted of any criminal charges other than minor traffic offenses? YES NO

If yes, explain here:

AVAILABILITY

Will you accept part-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you accept temporary work? <input type="checkbox"/> YES <input type="checkbox"/> NO
Which Shifts would you be willing to work? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> ANY	When will you be available for work? <input type="checkbox"/> ASAP <input type="checkbox"/> Specific Date (MM/DD/YYYY) / /

DISCLAIMER(S):

Before submitting this application you must understand that any false statements may cause you to be denied employment by the Alabama State Parks. Submission of this application authorizes the release of all relevant prior employment history and criminal records pertaining to the individual for whom this application is completed.

INTERNET SUBMISSIONS: By clicking submit you affirm that you are the individual for whom this application is being submitted and that all the above information is true and correct to the best of your knowledge.

DIRECT SUBMISSIONS: By signing below you affirm that all information on this application and any attachments are true and correct to the best of your knowledge.

Signature of Applicant

Date of submission