

APPLICATION FOR GULF STATE PARK

RETURN TO: Gulf State Park
 20115 St. Hwy. 135
 Gulf Shores, AL 36542
 gulf.statepark@dcnr.alabama.gov
 FAX: (251) 948-7726

General Instructions

A SEPARATE APPLICATION IS REQUIRED FOR EACH JOB. Do not write in shaded areas. Complete all parts of the application. Applications not properly completed will be returned. Photocopied and facsimile applications will be accepted.

ENTER LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER BELOW

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PRINT ALL INFORMATION LEGIBLY

Job Title			
Full Name _____			
First	Middle	Last	
Mailing Address _____			
House or Apartment Number		Street	
City	State	County	Zip Code
			E-mail Address
Telephone Number: Home (____) _____ Cell (____) _____ Work (____) _____			
Area Code		Area Code	
The following information is required for governmental reporting or record keeping purposes:			
Date of Birth _____		Sex (check one) 1. () Male 2. () Female	
(Month) (Day) (Year)			
Race (check one) () White () Black () Hispanic () Asian () Native Hawaiian or Pacific Islander () American Indian or Alaskan Native () Two or More Races () Do Not Wish to Respond			

EDUCATION:	CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED.	ED	
High School Diploma or GED? () Yes () No	1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4	LC	
PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. IF ONLINE, INDICATE BY *ASTERISK.			
	Dates of Attendance	Credit Hours	Did You
Name and Location of School	Month/Year	Earned	Graduate?
	From To	Sem. Qtr.	Yes No
			Type of Degree and Date
			Major
PROFESSIONAL LICENSE OR CERTIFICATE			
License/Certificate Issued By	Field/Trade/Specialization	License/Certificate No.	Issue Date
			Expiration Date
LIST COURSES SUCCESSFULLY COMPLETED (AND HOURS EARNED) WHICH ARE PARTICULARLY RELATED TO POSITION (attach additional sheets, if needed)			

CERTIFICATION STATEMENT

I hereby certify, under penalty of perjury, that all statements on or attached to this application are true, correct, and complete. I further agree and understand that any false or deceptive information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the State of Alabama and may prohibit me from being considered for future employment. I understand that all information on this application is subject to verification, and I consent to criminal history background, military service, and employment checks. I agree to allow my employer/prospective employer to receive a copy of my Alabama Background Check report through ALEA. If employed, I agree to electronic deposits of my payroll check and other state payments; and consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked. The State Personnel Department is not responsible for late receipt of applications due to mail service or faxing malfunctions.

Signature _____ Date _____

**Your name may be removed from an employment register for any disqualifying reason.
 AN EQUAL OPPORTUNITY EMPLOYER**

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

List three independent persons, not relatives or present employer, who know you well enough to give information about you.

NAME	ADDRESS AND PHONE NUMBER	EMPLOYER

Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job? () Yes () No

If you answered Yes to the above question, provide an explanation noting any mitigating or extenuating circumstances in the space below. If necessary, you may use a separate sheet or sheets and attach to the application.

Have you ever been convicted of a misdemeanor or felony crime? (including pleading guilty or nolo contendere, or attending pretrial diversion.) () Yes () No

If you answered Yes to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

Have you ever been known by any other name(s)? () Yes () No If Yes, what name(s)? _____

NOTE: THE DISCLOSURE OF A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT AS REQUIRED BY LAW. ONCE QUALIFIED FOR A POSITION AND PLACED ON A REGISTER, THE EMPLOYING AGENCY MAY THEN DETERMINE IF THE APPLICANT'S DISCLOSED CRIMINAL CONVICTION IS DIRECTLY RELATED TO THE DUTIES FOR THE POSITION BEING CONSIDERED. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RÉSUMÉ IS ATTACHED.

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.) **Providing salary information is optional.**

1. Current or Last Employer				Your Official Job Title		
Address				Type of Business		
FROM Month Year	TO Month Year	Total Months Worked	Number of Hours Per Week	Beginning Salary \$ _____ Per _____		Ending Salary \$ _____ Per _____
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated		
Name, Title and Telephone Number of Supervisor				Reason for Leaving		
Describe Your Duties in Detail						

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

2. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months Worked	Number of Hours Per Week	Beginning Salary		Ending Salary	
_____	_____	_____	_____	\$ _____ Per _____		\$ _____ Per _____	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				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 Worked	Number of Hours Per Week	Beginning Salary		Ending Salary	
_____	_____	_____	_____	\$ _____ Per _____		\$ _____ Per _____	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

4. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months Worked	Number of Hours Per Week	Beginning Salary		Ending Salary	
_____	_____	_____	_____	\$ _____ Per _____		\$ _____ Per _____	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.