



STATE OF ALABAMA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DESOTO STATE PARK

APPLICATION FOR EMPLOYMENT

This application may be submitted:

In Person or by US Mail to: DeSoto State Park
Attention: Personnel
1299 Blalock Drive NE
Fort Payne, AL 35967

By Email: desoto.admin@dcnr.alabama.gov

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ DRIVERS LICENSE NUMBER: _____ STATE: _____

LAST SCHOOL / COLLEGE: _____ HIGHEST GRADE REACHED: _____

GED OR HIGH SCHOOL DIPLOMA: ____ YES ____ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME: ____ YES ____ NO

POSITION APPLYING FOR: _____ DATE AVAILABLE: _____

List the names and phone numbers of two person, not relatives or former employers, who we may contact for a reference:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

I UNDERSTAND THAT EMPLOYMENT AT DESOTO STATE PARK OR DESOTO STATE PARK LODGE MAY REQUIRE WEEKEND AND HOLIDAY WORK AND IRREGULAR WORK HOURS. By signing this application 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 and belief. I understand that any false statemetns may cause me to be refused the opportunity for employment. I further authorize the release of relevant prior employment, military, and criminal records.

SIGNATURE: _____ DATE: _____

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.

1. CURRENT OR LAST EMPLOYER: _____ YOUR JOB TITLE: _____
ADDRESS: _____ TYPE OF BUSINESS: _____
EMPLOYED FROM: _____ TO: _____ HOURS PER WEEK: _____
MONTH YEAR MONTH YEAR
BEGINNING SALARY: _____ ENDING SALARY: _____
NUMBER OF EMPLOYEES YOU SUPERVISED: _____
EQUIPMENT YOU OPERATED: _____
REASON FOR LEAVING: _____
DESCRIBE YOUR DUTIES IN DETAIL:

2. EMPLOYER: _____ YOUR JOB TITLE: _____
ADDRESS: _____ TYPE OF BUSINESS: _____
EMPLOYED FROM: _____ TO: _____ HOURS PER WEEK: _____
MONTH YEAR MONTH YEAR
BEGINNING SALARY: _____ ENDING SALARY: _____
NUMBER OF EMPLOYEES YOU SUPERVISED: _____
EQUIPMENT YOU OPERATED: _____
REASON FOR LEAVING: _____
DESCRIBE YOUR DUTIES IN DETAIL:

3. EMPLOYER: _____ YOUR JOB TITLE: _____
ADDRESS: _____ TYPE OF BUSINESS: _____
EMPLOYED FROM: _____ TO: _____ HOURS PER WEEK: _____
MONTH YEAR MONTH YEAR
BEGINNING SALARY: _____ ENDING SALARY: _____
NUMBER OF EMPLOYEES YOU SUPERVISED: _____
EQUIPMENT YOU OPERATED: _____
REASON FOR LEAVING: _____
DESCRIBE YOUR DUTIES IN DETAIL:
