



Department of Natural Resources  
 Jordanelle State Park  
 SR 319 Building 515 Box #4  
 Heber City, Utah 84032  
**Summer/Seasonal Application Form**

I. **APPLICANT INFORMATION:** (Please Print) E-Mail: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Address City State ZIP

II. **DESIRED EMPLOYMENT:** Please indicate Positions of Interest.

- |                                |                               |               |
|--------------------------------|-------------------------------|---------------|
| <b><u>Park Ranger Aide</u></b> | <b><u>Law Enforcement</u></b> |               |
| Quagga Technician              | Office Assistant              | Deputy Ranger |
| Maintenance                    | Event Center Coordinator      |               |
| Gate Attendant                 |                               |               |

Dates Available for Employment: \_\_\_\_\_ to \_\_\_\_\_

Have you worked for Parks and Recreation in the past? Yes No

When: \_\_\_\_\_ Where: \_\_\_\_\_

III. **EDUCATION** If claiming college education/credit, please attach a copy of your transcripts.

Have you graduated from high school or received a high school equivalency diploma (GED)?

Yes No If No, mark highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Have you graduated from college? Yes No

Name/Location of College/University: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

If you have not graduated from college, but are currently enrolled:

Name/Location of College/University: \_\_\_\_\_

Completed hours: \_\_\_\_\_ Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**For Deputy Park Ranger Only:**

Have you completed the Utah Peace Officers Standards and Training? Yes No

If Yes, Type of Certification: \_\_\_\_\_

IV. Please Check Special Skills or Aptitudes:

Do you have a valid Driver's License?	Yes	No	State: _____
Mechanical Skills	Heavy Equipment Operation		
Law Enforcement	Janitorial Experience		
Office Skills	Grounds Maintenance		
Hard Physical Labor	Interpretive Experience		
EMT/First Aid	Public Relations		

V. Experience: Begin with the most recent job and describe all periods of employment, attach add. sheets if necessary.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

_____	_____	_____	_____
Employer Address	City	State	ZIP

Supervisor's Name and Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Salary \$\_\_\_\_\_ / Hour

Summary of Duties:

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

_____	_____	_____	_____
Employer Address	City	State	ZIP

Supervisor's Name and Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Salary \$\_\_\_\_\_ / Hour

Summary of Duties:

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

_____	_____	_____	_____
Employer Address	City	State	ZIP

Supervisor's Name and Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Salary \$\_\_\_\_\_ / Hour

Experience: (Continued)

Summary of Duties:

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Employer Address City State ZIP

Supervisor's Name and Title: \_\_\_\_\_ Your Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Salary \$ \_\_\_\_\_ / Hour

Summary of Duties:

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VI. Signature Block:

Have you ever been convicted of a crime in adult court, excluding minor traffic violations? Y N

If you have been convicted of a crime (excluding minor traffic offenses) as an adult, attach additional sheets giving dates, type of conviction (misdemeanor or felony) details and penalties for each occurrence, including dates of any probationary periods. Each conviction will be judged in relation to time, seriousness, circumstances and relationship to the position for which you are considered. For law enforcement positions, or positions involving care, custody, or control of children or vulnerable adults, fiduciary trust, or national security, you will be subject to a thorough background check. All conviction documentation will become official records of the State of Utah and cannot be returned.

READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

I affirm that this application contains no misrepresentations or falsifications and that information given by me is true and complete. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or, if employed by the Department of Natural Resources, I can be terminated from employment. I give permission to any agent of the Department of Natural Resources to contact my current and former employers for any employment information including my demonstrated performance abilities. Finally, I authorize that copies of any of my employment information may be furnished to the Department of Natural Resources.

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Signature of Applicant

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Date