



Arkansas Headwaters Recreation Area Seasonal Employee Application

Return completed application to:

Arkansas Headwaters Recreation Area
307 W. Sackett Ave.
Salida, CO 81201
Phone: (719) 539-7289
Fax: (719) 539-3771
E-mail: AHRA@state.co.us

Position you are applying for (check all that apply):

Administration
Customer Service
Interpretive Naturalist
Heavy Equipment Operator
OTHER: _____

River Ranger
Land Ranger
Maintenance Technician
Motorized Trail Crew

When are you able to start? _____

What hours are you available to work? _____

How did you hear about this position? _____

If you are under 16, can you furnish a work permit?

Yes No

Have you ever been employed by state parks before?

Yes No

If yes, give dates _____ / _____ to _____ / _____

Where: _____

Name: _____
Last First Middle

Current Driver's License: _____
Number State License Type

Address: _____
Street

_____ City State Zip

Telephone: _____
Home Cell

E-mail Address: _____ Best Time to Call _____

Applicant name: _____

Employment History

In the following sections, please list your work history, including part-time, temporary, and volunteer jobs. List jobs in reverse order, starting with your present or most recent job. You may attach additional pages if necessary. Applications lacking sufficient information will be rejected.

<p>Position Held: _____</p> <p>Employer: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: _____</p> <p>List Specific Duties: _____</p>	<p style="text-align: center;">Dates of Employment:</p> <p>From _____ To _____</p> <p>Reason for Leaving: _____</p> <p>Supervisor's Name: _____</p> <p>Supervisor's Title: _____</p> <p>Salary: _____</p> <p># of Employees Supervised: _____</p>
<p>Position Held: _____</p> <p>Employer: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: _____</p> <p>List Specific Duties: _____</p>	<p style="text-align: center;">Dates of Employment:</p> <p>From _____ To _____</p> <p>Reason for Leaving: _____</p> <p>Supervisor's Name: _____</p> <p>Supervisor's Title: _____</p> <p>Salary: _____</p> <p># of Employees Supervised: _____</p>

Applicant name: _____

Employment History

Continued..

<p>Position Held: _____</p> <p>Employer: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: _____</p> <p>List Specific Duties: _____</p>	<p style="text-align: center;">Dates of Employment:</p> <p>From _____ To _____</p> <p>Reason for Leaving: _____</p> <p>Supervisor's Name: _____</p> <p>Supervisor's Title: _____</p> <p>Salary: _____</p> <p># of Employees Supervised: _____</p>
<p>Position Held: _____</p> <p>Employer: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: _____</p> <p>List Specific Duties: _____</p>	<p style="text-align: center;">Dates of Employment:</p> <p>From _____ To _____</p> <p>Reason for Leaving: _____</p> <p>Supervisor's Name: _____</p> <p>Supervisor's Title: _____</p> <p>Salary: _____</p> <p># of Employees Supervised: _____</p>
<p>Position Held: _____</p> <p>Employer: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone Number: _____</p> <p>List Specific Duties: _____</p>	<p style="text-align: center;">Dates of Employment:</p> <p>From _____ To _____</p> <p>Reason for Leaving: _____</p> <p>Supervisor's Name: _____</p> <p>Supervisor's Title: _____</p> <p>Salary: _____</p> <p># of Employees Supervised: _____</p>

Applicant name: _____

Education

High School Graduate/GED: Yes No. If yes, date of graduation _____ School _____
If no, last grade completed _____ School _____

College/University:

Name and Location	From	To	Major Field	Degree Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vocational, Trade, Technical and Other Training:

Name and Location	From	To	Program/Subjects	Degree Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Licenses and Certificates (First Aid, CPR, Lifeguard, EMT, etc.)

Current Driver's License: Number _____ State _____ License Type _____

Professional/Specialty License	Issuing Agency	Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any special skills or training that may meet any necessary requirements stated on the announcement.

References

List information of three business or work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Address	Telephone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Information

List any additional information you would like us to consider. _____

Certification

I certify that I possess the experience, education and/or licenses required for the job for which I am applying. I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for jobs with the State of Colorado, may constitute grounds for discipline and/or termination after hire, and/or may constitute grounds for further actions pursuant to law. If requested, I can and will supply documentation that will confirm that the entries made on this application are true, complete and correct. Notice to Individuals applying for employment with a child care provider or facility, per Colorado Revised Statutes (C.R.S.) 26-6-105.5, "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in section 18-8-503, Colorado Revised Statutes, and, upon conviction thereof shall be punished accordingly." I am aware that the state of Colorado has a payroll direct deposit requirement for employment. When needed I can supply the correct documentation for direct deposit.

Signature _____ Date _____



**BACKGROUND INVESTIGATION
WAIVER OF LIABILITY AND RELEASE
COLORADO STATE PARKS**

I have applied to the State of Colorado for a position with Colorado State Parks which requires a background investigation.

In consideration of State Parks (hereinafter referred to as The Division) processing of my application for employment, I, hereby irrevocable agree to the following terms and conditions:

1. The term "Background Investigation" as used in this document refers to any and all information and sources of information, including but not limited to personal, medical, criminal checks/investigations, that The Division, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with The Division.
2. I hereby authorize Colorado State Parks to investigate my previous record and character, and to ascertain any and all information which may concern my record and character, whether the same is of record or not. This authorization includes, but is not limited to bank, credit, school, selective service records, employment records, medical records, and criminal records.
3. It has been represented to me that all such information is confidential as it relates to any third party or entity without either my permission or a court order. I understand that for purposes of confidentiality, The Colorado Department of Natural Resources and Colorado Post Board have rights identical to The Division's.
4. I authorize any person or entity contacted by the Division's Officers, agents, or employees during the course of my background investigation, to furnish to such officers, agents, or employees any information or opinion they may have and hereby expressly waive any and all legal privileges I may have including but not limited to the attorney-client privilege, the physician-patient privilege, the psychotherapist-patient privilege, the husband-wife privilege, and the accountant-client privilege for information which is reasonable related to my potential employment with The Division.
5. I voluntarily consent to a background investigation. I hereby release all persons, organizations, corporations and all government agencies from any charge because of furnishing said information. Furthermore, I hereby release from liability and promise to hold harmless under any and all causes of legal action, all persons or entities who shall in good faith furnish information or opinions to the officers, agents, or employees of The Division who conducts my background investigation. I hereby agree to release the division, its officers, employees and agents, for any and all acts necessary, to conduct and finalize the investigation.
6. This authorization, or copy of it, when presented in person by an officer or The Division or through the U.S. mail in conjunction with an official request is valid for 365 calendar days (1 year) from the date indicated below.

This release from liability given by me to all persons or entities mentioned above, shall apply to any right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representatives.

Signature _____ Date _____

Print Name _____ Date of Birth _____

Address _____

Witness _____

VALID FOR 365 DAYS FROM DATE OF SIGNATURE

Applicant name: _____

Address: _____
Street

_____ City

_____ State

_____ Zip

Telephone: _____

E-mail Address: _____

Voluntary Information

The information in this box is voluntary. Information is requested for federal record keeping purposes only. This sheet will be permanently separated from the rest of your application. It is the policy of the state that its work force reflect the diversity of the state.

Ethnicity/Race-Check only one:

- 1- Black or African American, not Hispanic or Latino
 2- American Indian or Alaska Native
 3- Asian

- 4- Hispanic or Latino
 5- White, Not Hispanic or Latino
 6- Native Hawaiian or Pacific Islander

Gender: Male Female

Birth Date: Some positions have a legally required minimum age. Provide your entire birth date to be considered for these type(s) of jobs.

Month: _____ Day: _____ Year: _____



COLORADO
Department of Natural Resources
Human Resources Office
1313 Sherman Street, Room 415
Denver, CO 80203

**STATE OF COLORADO
DNR SUPPLEMENTAL APPLICATION
INTERVIEW INFORMATION SHEET**

(Please complete this form prior to interview if a resume was not submitted)

Name (last, first, middle initial)			Previous Name	
Address		City	State	Zip
Home phone		Work phone	Social Security Number	
In the following sections, please list your work history, including part-time, temporary, and volunteer jobs. List jobs in reverse order, starting with present or most recent job. You may attach additional pages if necessary.				
Employer		Your Title		Start & end dates of employment
Employer's complete address			Telephone Number	
Supervisor's Name		Last Monthly Pay		Hours Worked Per Week
Duties:				
Reason for leaving				
Employer		Your Title		Start & dates of employment
Employer's complete address			Telephone Number	
Supervisor's Name		Last Monthly Pay		Hours Worked Per Week
Duties:				
Reason for leaving				
Employer		Your Title		Start & dates of employment
Employer's complete address			Telephone Number	
Supervisor's Name		Last Monthly Pay		Hours Worked Per Week
Duties:				
Reason for leaving				

Employer	Your Title	Start & dates of employment	
Employer's complete address		Telephone Number	
Supervisor's Name	Last Monthly Pay	Hours Worked Per Week	
Duties:			
Reason for leaving			
Employer	Your Title	Start & dates of employment	
Employer's complete address		Telephone Number	
Supervisor's Name	Last Monthly Pay	Hours Worked Per Week	
Duties:			
Reason for leaving			
Below please list any colleges you have attended, as well as other institutions where special training was received (e.g., vocational or training school, armed forces, etc). Also, please list degrees, areas of study, and dates you attended.			
Name and Location of Institution	Area(s) of Study	Degree(s)	Dates Attended
Name and Location of Institution	Area(s) of Study	Degree(s)	Dates Attended
Name and Location of Institution	Area(s) of Study	Degree(s)	Dates Attended
If you wish to submit additional references (other than supervisors already listed above), please do so below.			
Name	Address	Phone	Occupation
Name	Address	Phone	Occupation
Name	Address	Phone	Occupation
Signature		Date	