



## Navajo State Park Temporary Employment Application

### Return completed application to:

US Mail: Navajo State Park  
PO Box 1697  
Arboles, CO 81121  
FAX: 970-883-2287  
Electronic: Navajo.Park@State.Co.Us  
Phone: 970-883-2208  
[www.cpw.state.co.us](http://www.cpw.state.co.us)

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

- |                                                                                                                                                                    |                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Visitor Services Tech.<br><input type="checkbox"/> Maintenance Tech.<br><input type="checkbox"/> Aquatic Nuisances Species<br>Other _____ | <input type="checkbox"/> Limited Commission Ranger<br><input type="checkbox"/> Marina Attendant<br><input type="checkbox"/> Interpretive Naturalist |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

I wish to complete a College Internship or Practicum (**apply for at least one position above**)

When are you able to start? \_\_\_\_\_  
 When are you able to work until? \_\_\_\_\_

Have you ever been employed by CPW before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (not required at time of application)

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Primary phone Secondary phone

E-mail Address: \_\_\_\_\_ Best Time to Call \_\_\_\_\_

### 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 reflects the diversity of the state.

**Ethnicity/Race:** Check only one:

- |                                                                                                                                                                                    |                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1- Black or African American, not Hispanic or Latino<br><input type="checkbox"/> 2- American Indian or Alaska Native<br><input type="checkbox"/> 3- Asian | <input type="checkbox"/> 4- Hispanic or Latino<br><input type="checkbox"/> 5- White, Not Hispanic or Latino<br><input type="checkbox"/> 6- Native Hawaiian or Pacific Islander |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Gender:**  Male  Female

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

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

## Employment History

**Applicant name:** \_\_\_\_\_

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.

Position Held: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

List Specific Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Position Held: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

List Specific Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Position Held: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

List Specific Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

## Employment History

Applicant name: \_\_\_\_\_  
Continued...

### Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Position Held: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

List Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

List Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Position Held: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

List Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

## Education

**Applicant name:** \_\_\_\_\_

High School Graduate:  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 \_\_\_\_\_

Professional/Specialty License	License 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 also 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 also 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 \_\_\_\_\_