



Office Use Only
Application # _____
Interview _____
Hired Y N _____
Start Date _____
Supervisor Initial _____
Section Hired _____

COLORADO DIVISION OF PARKS AND OUTDOOR RECREATION
SEASONAL WORK PROGRAM APPLICATION

Name _____ Social Security No. _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Temporary Address _____ Phone _____

City _____ State _____ Zip _____

Possess a valid drivers license: Yes _____ No _____

Driver License Number _____ State _____

Do you have reliable transportation to and from the work site? _____

Special skills/qualifications/additional training _____

Position (s) Applying For	1 st choice	2 nd choice
(Must Meet Minimum Age Requirements)	<input type="checkbox"/> Campground Attendant(16) <input type="checkbox"/> Boating Assistant (16) <input type="checkbox"/> Maintenance (16) <input type="checkbox"/> Ranger (21) <input type="checkbox"/> Gate Attendant (16) <input type="checkbox"/> Lifeguard (16)/or EMT (18)	<input type="checkbox"/> Campground Attendant <input type="checkbox"/> Boating Assistant <input type="checkbox"/> Maintenance <input type="checkbox"/> Ranger <input type="checkbox"/> Gate Attendant <input type="checkbox"/> Lifeguard/EMT

Lowest Pay Per Hour You Will Accept \$ _____

Date available to start work _____ Last day available _____

Will you work: Part time _____ Shift work _____ Night work _____

Please read these instructions prior to completing the work history:

This portion must be accurate and complete. Applications lacking sufficient information will be rejected. List your entire work history including volunteer work. List jobs in reverse order, starting with your present or last employer. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Be thorough and specific in the detailing of duties.

Present or last employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Hrs/week _____ Last pay/hour _____

Employed from _____ To _____ Supervisor _____

Reason for leaving _____

Duties: _____

Present or last employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Hrs/week _____ Last pay/hour _____

Employed from _____ To _____ Supervisor _____

Reason for leaving _____

Duties: _____

Present or last employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Hrs/week _____ Last pay/hour _____

Employed from _____ To _____ Supervisor _____

Reason for leaving _____

Duties: _____

Three personal references (local, if possible and not family members or supervisors). Please include complete full address.

Name _____ Phone _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Certification

I am aware that this application is considered open record per Colorado law.

I meet the minimum age requirements for the jobs I am applying for.

I certify that all of the statements made in this application are true and complete to the best of my knowledge and are made in good faith.

Sign In Ink

Signature _____ Date _____

For Office Use Only:

Information requested is voluntary. Data will be used for affirmative actions purposes. Failure to answer will not subject applicant to adverse treatment. Check applicable space.

Sex and Race	Male	Female
White	_____	_____
Black	_____	_____
Hispanic	_____	_____
Asian or Pacific Islander	_____	_____
American Indian or Alaskan Native	_____	_____