



Sylvan Lake State Park Temporary Employment Application

Return completed application to:

Sylvan Lake State Park
PO Box 1475
Eagle, CO 81631
FAX: 970-328-2778
Phone: 970-328-2021

www.parks.state.co.us

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

- Visitor Services Tech.
- Maintenance Tech.
- Other _____
- College Internship or Practicum (apply for at least one position above)
- Limited Commission Ranger
- Interpreter/Volunteer Coordinator
-

When are you able to start? _____

When are you able to work until? _____

If you are under 16, can you furnish a work permit? Yes N/A No _____

Have you ever been employed by state parks before? Yes _____ No _____
If yes, give dates ____/____/____ to ____/____/____.

Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____

Address: _____
Street City State Zip

Telephone: _____
Home Cell

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:

- 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 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...

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: _____

