

First Name	Middle Name		Last Name
Address			
City	State		Zip
Home Phone	Work Phone	E-ma	nil
Position applying for		Date availab	le for employment
		From	То



	02011	ON II - EDUCATIO	N	
Have you graduated from I school or received a High Equivalency Diploma (GEI	School completed:	he highest gra	ade Have you g college?	graduated from
Name/Location of College/University	Dates Attended From/To	Major	Degree	e Date Graduated
f you have not graduated	from college but are cu	urrently enroll	•	he following: Quarter Hours
Semester Hours		Expect	ed Graduation Date	
FOR THE DEPUTY PARK F Have you completed the P Training? Yes No FOR FIRE PERSONNEL OF	eace Officer Standards	s If yes, e	nter the type of Certif	fication:
Have you submitted a cop current fitness test?		e a current		sued a "Red Card" Fire e last 3 to 5 years?
		No	Yes N	



SKILLS & APPTITUDES - Please cho	eck all that apply:	
Horse Shoeing, Packing & Riding	Hand Crew - Wildland	Laboratory Skills
Mechanical skills	Qualified Wildland Crew Boss	Qualified Initial Attack IC
Law Enforcement	Helitack	Operation of Recreation
Scuba Diving or Snorkeling	Swimming	equipment (inlcuding boats)
Office skills	EMT	Chainsaw Certification
Public Relations	Qualified Engine Boss	Other Wildland qualification
Operation of heave equipment	Ranching & Farm equipment	Other Wildiana qualification
Engine Crew - Wildland	Hard Physical Labor	Other skill or qualification
Fire Suppression - Fire	(sustained strenuous activity)	
Department		
EXPERIENCE - Begin with present o	or most recent job and describe all p	periods of employment.
EXPERIENCE - Begin with present o		periods of employment.
EXPERIENCE - Begin with present of Attach additional sheets if necessa		periods of employment.
EXPERIENCE - Begin with present of Attach additional sheets if necessa	ry, using the same format.	periods of employment.
EXPERIENCE - Begin with present of Attach additional sheets if necessal Employer	ry, using the same format.	periods of employment.
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EXPERIENCE - Begin with present of Attach additional sheets if necessal Employer Address	Phone Number	
EXPERIENCE - Begin with present of Attach additional sheets if necessal Employer Address City	Phone Number State	Zip
·	Phone Number	Zip
EXPERIENCE - Begin with present of Attach additional sheets if necessal Employer Address City Your Title/Position	State Supervisor's Na	Zip me and Title
EXPERIENCE - Begin with present of Attach additional sheets if necessary Employer Address City Your Title/Position Employment Dates (Month/Year)	Phone Number State	Zip me and Title
EXPERIENCE - Begin with present of Attach additional sheets if necessal Employer Address City	State Supervisor's Na	Zip me and Title



Employer		Phone Number		
State	Zip			
Your Title/Position		Supervisor's Name and Title		
	Salary (per hour)	Hours (per week)		
	Phone Number			
State	Zip			
Your Title/Position		Supervisor's Name and Title		
	Salary (per hour)	Hours (per week)		
		Supervisor's Name and Salary (per hour) Phone Number State Zip		



State of Utah, Department of Natural Resources Form Updated 02/2024

SECTION IV - SIGNATURE BLOCK

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.

pplicant Signature	Date	