



Return completed application to:

Lathrop State Park  
70 County Road 502  
Walsenburg, Co 81089  
Phone: 719-738-2376  
Fax: 719-738-2388

## Lathrop State Park Seasonal Employee Application

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

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

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Best time to call \_\_\_\_\_

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

<input type="checkbox"/> Park Ranger, Unarmed	<input type="checkbox"/> ANS Inspection Technician
<input type="checkbox"/> Visitor Service Technician	<input type="checkbox"/> Interpretive Naturalist
<input type="checkbox"/> Maintenance Technician	<input type="checkbox"/> Paid Intern

When are you available to start? \_\_\_\_\_

What hours are you available to work? \_\_\_\_\_

Have you ever worked for Colorado State Parks before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Where? \_\_\_\_\_

## 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

4-Hispanic or Latino

2-American Indian or Alaska Native

5-White, Not Hispanic or Latino

3-Asian

6-Native Hawaiian or Pacific Islander

**Gender:**  Male  Female

**Birth Date:** Some positions have a legal required minimum age. Provide your entire birth date to be considered for these types of jobs.

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

## 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.

Employer \_\_\_\_\_ Your Title \_\_\_\_\_

Start & End Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer's complete address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Last Monthly Pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Duties \_\_\_\_\_

Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Start & End Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Employer's complete address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Last Monthly Pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Start & End Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Employer's complete address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Last Monthly Pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Start & End Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Employer's complete address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Last Monthly Pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Start & End Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Employer's complete address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Last Monthly Pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Duties \_\_\_\_\_

## 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	Program/Subjects	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 skill or training that may meet any necessary requirements stated on the announcement. \_\_\_\_\_

## References

List three references (business, work, school and/or personal) who is not any relation or previous supervisors.

Name	Address	Telephone	Occupation	Years Known
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Name	Address	Telephone	Occupation	Years Known
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Name	Address	Telephone	Occupation	Years Known
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## Additional Information

List any additional information you would like us to consider:

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### 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, 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 childcare 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 the 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 \_\_\_\_\_