

J84  
I 29.115  
D-139/990

# SEASONAL PARK RANGER APPLICATION—1990 FORM 10-139

**NOTE: COMMISSIONED RANGERS MUST  
BE DRUG TESTED PRIOR TO APPOINTMENT**

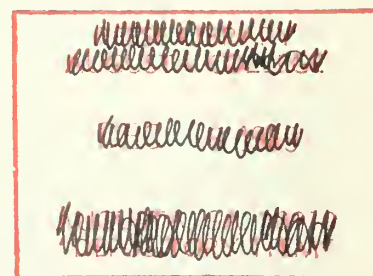


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U.S. DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
SEASONAL EMPLOYMENT UNIT  
P.O. BOX 37127  
WASHINGTON, D.C. 20013-7127



# IMPORTANT PLEASE READ

REFER TO FOLLOWING SAMPLE APPLICATION AND INSTRUCTIONS FOR COMPLETING BLOCKS A-H

**BLOCK A:** Complete. Must be a valid nine digit number. All persons must have a Social Security Number at the time of application. **BLOCK B:** Complete. Print or type last name first. **BLOCK C:** Complete both permanent and temporary address. A postcard acknowledging receipt of your application is sent to your permanent address. **BLOCK D:** Check Yes or No. Applicants must be U.S. Citizens to be considered for employment. **BLOCK E:** Complete. Do not use current year as your year of birth. **BLOCK F:** Complete. Indicate dates you can be reached at both permanent and temporary numbers, so that you can be contacted if necessary.

**A. SOCIAL SECURITY NUMBER**

2 2 6 9 6 6 6 1 3

**B. NAME (LAST, FIRST, INITIAL)**

D O E J O H N A.

**C. ADDRESS (PERMANENT)**

5 0 2 1 R O B I N H O O D L A N E

E R I E P A 1 6 5 0 9

CITY

STATE

ZIP CODE

**ADDRESS (TEMPORARY)**

B O X 4 8 9

C L E V E L A N D O H 4 4 1 1 8

CITY

STATE

ZIP CODE

**D. U.S. CITIZEN**

YES

NO

X

1

0

**F. TELEPHONE**

PERMANENT

8 4 8 6 4 2 4 3 4

(Area Code)

Number

June 1 - August 31

Dates Reached at This No.

**E. BIRTH DATE (do not use current year)**

TEMPORARY

0 8 0 3 5 6

Month

Day

Year

3 1 2 4 7 7 4 0 7 6

(Area Code)

Number

Sept. 1 - May 13

Dates Reached at This No.

**G. PREVIOUS PARK SERVICE EXPERIENCE CODE**  **PARK AREA** \_\_\_\_\_

PLEASE ATTACH COPY OF YOUR LAST SEASONAL EVALUATION - Summary page only of Form 10-153A

**H. PARK LOCATION CODE, TYPE OF POSITION AND LOWEST GRADE LEVEL YOU WILL ACCEPT.**

1st PARK LOCATION CODE

8 2 1 0

1st Option

Type of position

code

3

Lowest grade level

GS-

code

2

2nd Option

Type of position

code

1

Lowest grade level

GS-

code

3

2nd PARK LOCATION CODE

3 3 4 0

1st Option

Type of position

code

3

Lowest grade level

GS-

code

2

2nd Option

Type of position

code

1

Lowest grade level

GS-

code

3

**BLOCK G:** Complete ONLY if you have been employed by the National Park Service as a Park Ranger. Refer to page 4 of instructions for details. **BLOCK H:** Complete. Refer to Park Areas and Employment Opportunities booklet for 4-digit park location codes. Type of position codes and lowest grade level codes should be numeric. Refer to page 4 of instructions for these codes. If you apply for consideration at two park locations you must submit two application forms. The park location codes should be entered in the same order on both applications. If you submit only one application but indicate two park choices in Block H, one of your park choices will be eliminated.

## Official Use Only

**FAILURE TO COMPLETE APPLICATION CORRECTLY  
WILL ELIMINATE YOU FROM CONSIDERATION**

<b>STATE</b>	<b>ZIP CODE</b>

[illegible]

PERMANENT

(Area Code) Number

Dates Reached at This No and Hours Available

TEMPORARY

(Area Code) Number

Dates Reached at This No and Hours Available

E CODE  PARK AREA   
OUR LAST SEASONAL EVALUATION—SUMMARY PAGE ONLY OF FORM 10-153A

OF POSITION AND LOWEST GRADE LEVEL YOU WILL ACCEPT.

--	--	--	--

2nd PARK LOCATION CODE

--	--	--	--

### 1st Option

Lowest grade level

GS-  
code 

on

Lowest grade level

GS-code 

### Type of position

code 

## 2nd Option

### Type of position

code 

Lowest grade level

GS- ☐ code

Lowest grade level

GS-  code 

10/14/76) DOES NOT ENTITLE YOU TO VETERANS PREFERENCE (SEE INSTRUCTIONS)

— (LIST DATES, BRANCH, AND SERIAL OR SERVICE NUMBER)

Serial or Service Number

## THROUGH

Month      Day      Year

Will you Accept Employment Under  
Following Conditions: (Check)

1 mo. \_\_\_\_\_ less than 8 hr. day \_\_\_\_\_

1 to 4 mo. \_\_\_\_\_ less than 40 hr. week \_\_\_\_\_

# IMPORTANT PLEASE READ

REFER TO FOLLOWING SAMPLE APPLICATION AND INSTRUCTIONS

**BLOCK A:** Complete. Must be a valid nine digit number. All persons must have a Social Security Number. **BLOCK B:** Complete. Print or type last name first. **BLOCK C:** Complete. Postcard acknowledging receipt of your application is sent to your permanent address. **BLOCK D:** Must be U.S. Citizens to be considered for employment. **BLOCK E:** Complete. Do not leave blank. **BLOCK F:** Complete. Indicate dates you can be reached at both permanent and temporary addresses if necessary.

## A. SOCIAL SECURITY NUMBER

2 2 6 9 6 6 6 1 3

## B. NAME (LAST, FIRST, INITIAL)

D O E J O H N A.

## C. ADDRESS (PERMANENT)

5 0 2 1 R O B I N H O O D L A

E R I E

CITY

## ADDRESS (TEMPORARY)

B O X 4 8 9

C L E V E L A N D

CITY

## D. U.S. CITIZEN

YES

NO

X

1

0

## F. TELEPHONE

PERMANENT

8 4 8 6 4 2 4

(Area Code)

Number

## E. BIRTH DATE (do not use current year)

0 8 0 3 5 6

Month Day Year

TEMPORARY

3 1 2 4 7 7 4 0

(Area Code)

Number

## G. PREVIOUS PARK SERVICE EXPERIENCE CODE

PARK AREA

PLEASE ATTACH COPY OF YOUR LAST SEASONAL EVALUATION - S

## H. PARK LOCATION CODE, TYPE OF POSITION AND LOWEST GRADE LEVEL

1st PARK LOCATION CODE

8 2 1 0

1st Option

Type of position

code 3

Lowest grade level

GS-code 2

2nd Option

Type of position

code 1

Lowest grade level

GS-code 3

2nd PARK LOCATION CODE

Type of position

code

Type of position

code

**BLOCK G:** Complete ONLY if you have been employed by the National Park Service. Refer to Park Areas and Employment Instructions for details. **BLOCK H:** Complete. Refer to Park Areas and Employment Instructions for details. Type of position codes and lowest grade level codes should be entered in the same order on both applications. If you apply for consideration at two park locations you should indicate two park choices in Block H, one of your park choices will be eliminated.





**L. VALID AUTOMOBILE DRIVERS LICENSE**Yes ☐ No ☐

State \_\_\_\_\_

Drivers License No. \_\_\_\_\_

Can you Operate a Motor Vehicle with a Manual Transmission

Yes ☐ No ☐

Have you completed a defensive driving course

Yes ☐ No ☐**M. QUARTERS**

Often living quarters are not available for seasonal employees in the parks. Circle appropriate letters:

a. Will accept appointment without quarters.

b. Single quarters satisfactory.

c. Have own house trailer.

d. Dormitory quarters satisfactory.

e. Desire family quarters: Age and sex of dependents for which quarters are needed

Age

Sex


**N. EDUCATION** (include hours to be completed by time of employment)1. High School Graduate, GED or proficiency certificate ☐

Other Degrees Obtained

2. Total Quarter Hours of College Completed Assoc. ☐ M.A. ☐ PhD ☐

(Multiply semester hours by 1.5 to get quarter hour total)

How many quarter hours have you completed in:

Quarter hours

Bachelor's degree

1

3. Natural Science (Specify) \_\_\_\_\_

4. History (Specify) \_\_\_\_\_

5. Archeology/Anthropology . . . . .

6. Police Science/Criminal Justice Administration . . . . .

7. Park and Recreation Management or other disciplines related to Park Management, i.e., Therapeutic Recreation and Special Education . . . . .

8. Dramatic/Communication Arts . . . . .

9. Social Science . . . . .

10. Business Administration . . . . .


1

COLLEGE or UNIVERSITY

NAME and LOCATION (city, state, ZIP code if known).

(If you expect to graduate within 9 mos., give MONTH and YEAR you expect degree)

Dates Attended

From

To

Years Attended

Day

Night

Chief undergraduate college subjects

Chief graduate college subjects

Major field of study at highest level of college work \_\_\_\_\_

OTHER SCHOOLS OR TRAINING (for example, trade, vocational, armed forces, or business) Give for each the name and location (city, state, and ZIP Code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates or other pertinent data.

(IF YOU NEED ADDITIONAL SPACE FOR EDUCATION, ATTACH A BLANK SHEET; IDENTIFY LETTER REFERENCE (N) ON ATTACHMENT ALONG WITH NAME, SSN.)

# FALSIFICATION OF SKILL LEVEL MAY RESULT IN REMOVAL FROM THE REGISTER.

- O. SPECIAL QUALIFICATIONS AND SKILLS:** Identify public speaking and publication experience (do not submit copies unless requested); membership in scientific societies; hobbies, skills with machines; Honors; Awards; Certifications (i.e., scuba diving); Fellowships received; spelunking skill; typing skills \_\_\_\_\_ words per min.

(IF YOU NEED ADDITIONAL SPACE FOR SPECIALIZED SKILLS, ATTACH A BLANK SHEET; IDENTIFY LETTER REFERENCE (O) ON ATTACHMENT ALONG WITH NAME, SSN.)

- P. TOTAL MONTHS OF QUALIFYING EXPERIENCE**  
(refer to pages 6 & 7 of the Instruction booklet for definition)

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- Q. SPECIALIZED EXPERIENCE:** Of your *total* qualifying experience shown above (P), indicate the number of months you have spent in each of the specialized areas listed below.

TOTAL MONTHS  
OF EXPERIENCE

- Experience as a guide, tour leader or interpretive speaking experience explaining scientific or historic subject matter to public groups; Instructor in children's programs .....
- Experience in theatrical drama or dramatic historic interpretation .....
- Experience in law enforcement and/or investigative work in a park, recreation or conservation area .....
- Experience as a technical aid or assistant in archeological or historical preservation research and development .....
- Experience as an aid or technician in fire control, wildlife management, insect or plant disease control activities in park, conservation area or fire dept. ....
- Comparable experience as an aid or technician in the conservation and use of parks, forests, outdoor recreation areas or other lands or resources used by the public .....
- Lifeguard and outer lifesaving experience .....


- R. Show the level of your skill by printing only ONE number 1, 2, 3, 4, or 5, in column "Skill Level." These letters refer to different levels of knowledge, ability, experience, or training described as follows:**

- 1 = No experience or training.
- 2 = Beginning level; limited exposure/education/training
- 3 = Average level of performance; work independently.
- 4 = Advanced level of experience, training; have handled complex situations.
- 5 = Certified instructor or have experience as an instructor or supervisor.

A copy of your current instructor Certification should be attached for a skill level of 5.

**SKILL LEVELS ASSIGNED WILL BE VERIFIED. POINTS WILL BE DEDUCTED FOR OVERRATED SKILL LEVELS.**

**IMPORTANT: IF YOU INDICATE A SKILL LEVEL OF 2, 3, 4 or 5 IN THE "SKILL LEVEL" COLUMN, YOU MUST SUPPORT THIS LEVEL BY DOCUMENTING THIS SKILL IN THE APPROPRIATE LETTER REFERENCE N, O, R 61, R 62, or T. ALL COLUMNS (LETTER REFERENCE, SKILL LEVEL, WHERE AND HOW OBTAINED) MUST BE COMPLETED FOR EACH SKILL IN ORDER TO RECEIVE CONSIDERATION.**

**UNDOCUMENTED SKILLS ARE GROUNDS FOR NONCONSIDERATION FOR A POSITION.**

SKILL	LETTER REFERENCE	SKILL LEVEL	WHERE AND HOW OBTAINED
Interagency Fire Job Qualification Card (Red Card) check if you have current certification <input type="checkbox"/>			
Fire Fighter <input type="checkbox"/> Supervisory Experience <input type="checkbox"/>			
1. Use of common fire tools (shovel, fire rake, axe, portable pump) .....			
2. Use of chainsaw .....			
3. Wildland Fire Suppression _____ Forest .....			

**FALSIFICATION OF SKILL LEVEL MAY RESULT IN REMOVAL FROM THE REGISTER.**

[illegible]



**FALSIFICATION OF SKILL LEVEL MAY RESULT IN REMOVAL FROM THE REGISTER.**

SKILL	LETTER REFERENCE	SKILL LEVEL	WHERE AND HOW OBTAINED						
26. Experience presenting public slide programs. Years exp. _____ , # given _____ , average audience size. _____									
27. Interpretive/tour guiding skills (i.e., ability to prepare and conduct formal educational building tours, vehicle tours, walks and/or hikes explaining scientific or historic subject matter)									
28. Handling human relations under stress (i.e., complaint desk, handling of mentally impaired/emotionally disturbed persons, violator contacts etc.)									
29. Wilderness survival experience/training (i.e., desert, mountain, tropical). Specify _____									
30. Natural resource management/rehabilitation (Check type of experience) Bear management <input type="checkbox"/> Fire management <input type="checkbox"/> Vegetation management <input type="checkbox"/> Taxonomy (flora/fauna) <input type="checkbox"/> Plant or forest ecology <input type="checkbox"/>									
31. Mathematical and/or statistical ability									
32. Environmental education experience									
33. Archeological/Curatorial skills (i.e, preserving, collecting, documenting evidence). Specify _____									
34. Knowledge and/or experience in physical/biological sciences (astronomy, ornithology, geology, paleontology, marine biology, entomology, etc.)									
35. Dramatic experience/training									
36. Musical ability. Specify _____									
37. Creative/technical writing ability									
38. Working an information desk									
39. Audio-visual equipment operations									
40. Handling money on a job (sales, toll collection)									
41. Photography (check) Still <input type="checkbox"/> Motion Pictures <input type="checkbox"/>									
42. Artistic/graphic ability									
43. Experience as a leader or counselor in a day, overnight, or formal recreational program or activity									
44. Experience in working with inner-city urban recreation or therapeutic recreation programs									
45. Care, handling of farm animals, riding of horses, overnight horse use/care, stock packing									
46. Lifeguard experience. (Check which type of experience you have had) lake <input type="checkbox"/> , ocean <input type="checkbox"/> , river <input type="checkbox"/> , pool <input type="checkbox"/> Check if you have a current certification: <b>FOR SKILL LEVEL ABOVE 2 A CURRENT CERTIFICATION MUST BE ATTACHED</b>									
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Advanced Life Saving   Water Safety Instructor </div> <table border="1"> <thead> <tr> <th>ISSUING ORGANIZATION</th> <th>EXPIRATION DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> </div>	ISSUING ORGANIZATION	EXPIRATION DATE							
ISSUING ORGANIZATION	EXPIRATION DATE								
47. Historic military knowledge (i.e., 18th or 19th Century ordnance organization) Specify: _____									
48. Colonial/pioneer agricultural techniques or knowledge (i.e., gardening, cotton, tobacco, vegetables). Specify: _____									
49. Colonial pioneer homemaking techniques or knowledge (i.e., types of food prepared, open hearth and stove cooking, fiber or fabric arts). Specify: _____									

**FALSIFICATION OF SKILL LEVEL MAY RESULT IN REMOVAL FROM THE REGISTER.**

SKILL	LETTER REFERENCE	SKILL LEVEL	WHERE AND HOW OBTAINED
<b>CULTURAL SKILLS</b> (Crafts/skills for living history and demonstration programs)			
50. Mountain culture or knowledge ..... Specify: New England Appalachian Ozark Western Other: _____ Specify craft skills (example: blacksmithing, wood carving, weaving, etc.)			
51. Native American culture/knowledge ..... Specify: _____ Special skills: _____ Mo./yr. living within culture _____			
52. European American culture/knowledge ..... Specify: _____ Special skills: _____ Mo./yr. living within culture _____			
53. Black American culture/knowledge ..... Specify: _____ Special skills: _____ Mo./yr. living within culture _____			
54. Spanish/Mexican/Latin-American culture/knowledge ..... Specify: _____ Special skills: _____ Mo./yr. living within culture _____			
55. Other American cultures ..... Specify: _____ Special skills: _____ Mo./yr. living within culture _____			
56. Knowledge of women's history .....			
<b>LANGUAGES</b>			
57. Foreign language conversational ability in one or more of the following: (Check) ..... Spanish <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/>			
58. Foreign language conversational ability in one or more of the following: (Check) ..... French <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/>			
59. Native American —conversational ability. Specify _____			
60. Sign Language conversational ability .....			

61. Active for at least six (6) months in the past two (2) years in any of the following types of school and community activity: scouting, 4H, hospital volunteer, theatre group, athletics, candystriper, debate club, volunteer fire department. Check **ONE**:

☐ Yes    ☐ No    Specify: \_\_\_\_\_  
 1                      0

62. Active for at least 3 months in the past two (2) years as a Volunteer in the Parks (VIP); Job Corps; or 2 months in Youth Conservation Corps (YCC) or similar type experiences that are park related.

☐ Yes    ☐ No    Specify: \_\_\_\_\_

# **FALSIFICATION OF SKILL LEVEL MAY RESULT IN REMOVAL FROM THE REGISTER.**

**S.**

**LAW ENFORCEMENT:** Complete this part of the application if you are applying for a Law Enforcement position.

**NOTE:** Seasonal positions that involve law enforcement are restricted to persons at least 21 years of age. Prior to selection, validation of training hours will be reviewed to insure that the applicant meets minimum qualifications.

1. Do you have or have you previously held a National Park Service seasonal (200/240 hour) or full (360 hour) law enforcement commission? ☐ Yes ☐ No Specify location: \_\_\_\_\_  
1 0

Date \_\_\_\_\_ Commission No. \_\_\_\_\_

2. Have you successfully completed (graduated or will complete by June of this year) the 200/240 hour law enforcement training program at an accredited institution? ☐ Yes ☐ No \_\_\_\_\_  
1 0 Specify institution and dates attended

3. Have you been employed as a *sworn officer* for a law enforcement agency? ☐ Yes ☐ No  
1 0 Specify name, location and dates employed: \_\_\_\_\_

4. Specify date and location of last 40-hour refresher training \_\_\_\_\_

Please show the total number of classroom training hours completed in the following law enforcement subjects:

**IF YOU ANSWERED NO TO QUESTIONS 1, 2, AND 3, SKIP TO T AND CONSIDER ANOTHER OPTION.**

SUBJECT	TOTAL NO. OF TRAINING HOURS		
1. Authority & Jurisdiction .....			
2. Basic Accident Investigation .....			
3. Bombs & Explosives .....			
4. Chemical Agents .....			
5. Constitutional Law and Civil Liberties .....			
6. Courtroom Testimony and Procedures .....			
7. Crime Scene Management .....			
8. Criminal Law .....			
9. Criminalistics .....			
10. Defensive Driving .....			
11. Defensive Tactics .....			
12. Description and Identification .....			
13. Detention & Arrest .....			
14. Evidence .....			
15. Federal Law—U.S. Code and 36 C.F.R. ....			
16. Firearms Training .....			
17. Human Relations (Interpersonal Communications) .....			
18. Interviewing .....			
19. Juvenile Procedures .....			
20. Law Enforcement Techniques .....			
21. Narcotics & Dangerous Drugs .....			
22. Patrol Procedures .....			
23. Photography .....			
24. Physical Security & Crime Prevention .....			
25. Report Procedures .....			
26. Search & Seizure .....			
27. Traffic enforcement .....			

Where was the classroom training obtained? \_\_\_\_\_

Do you have classroom training hours in the following Law Enforcement subjects? (INDICATE TOTAL HOURS)

SUBJECT	TOTAL TRAINING HOURS		
1. Ethics and Conduct .....			
2. NPS Law Enforcement Policies & Guidelines .....			
3. Philosophy and Objectives of NPS Law Enforcement .....			
4. Organization & Functions of Federal Law Enforcement Agencies .....			

**T. EXPERIENCE** (Start with your **PRESENT** position and work back.)

May inquiry be made of your present employer regarding your character, qualifications and record of employment? .....

☐ Yes

☐ No

<b>T-1</b>	Dates of employment (month, year) From: _____ To <b>PRESENT TIME</b> :	Exact title of position:
	If Federal service:	Salary or earnings:
	Civilian or military grade:	Starting \$ _____ Present \$ _____
Average hours per week:		Number of employees you supervised:

NAME AND ADDRESS OF EMPLOYER:

Area code and phone number if known: ( )	Name of immediate supervisor:
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Reason for wanting to leave:

May we contact your present employer? ☐ YES ☐ NO

Description of duties, responsibilities, and accomplishments:

<b>T-2</b>	Dates of employment (month, year) From: _____ To: _____	Exact title of position:
	If Federal service:	Salary or earnings:
	Civilian or military grade:	Starting \$ _____ Ending \$ _____
Average hours per week:		Number of employees you supervised:

NAME AND ADDRESS OF EMPLOYER:

Reason for leaving:

Area code and phone number if known: ( )	Name of immediate supervisor:
---	-------------------------------

Description of duties, responsibilities, and accomplishments:

<b>T-3</b>	Dates of employment (month, year) From: _____ To: _____	Exact title of position:
	If Federal service:	Salary or earnings:
	Civilian or military grade:	Starting \$ _____ Ending \$ _____
Average hours per week:		Number of employees you supervised:

NAME AND ADDRESS OF EMPLOYER:

Reason for leaving:

Area code and phone number if known: ( )	Name of immediate supervisor:
---	-------------------------------

Description of duties, responsibilities, and accomplishments:

(IF YOU NEED ADDITIONAL SPACE FOR EXPERIENCE BLOCKS, ATTACH A BLANK SHEET; IDENTIFY BLOCK LETTER REFERENCE (T & No.) ON ATTACHMENT ALONG WITH NAME, SSN.)



All applicants are given the opportunity to apply for two parks, Nationwide, for summer employment. Once you have accepted a position at one of your park choices, the other park will delete your name from further consideration on all registers at the same grade level of the position for which you have accepted. However, your name will remain on registers for higher grades.

### For Official Use Only

The applicant identified below has accepted the position of \_\_\_\_\_ and must be deleted from  
(title and grade)  
your register for positions at the same grade.

\_\_\_\_\_  
(name of applicant selected)

The above named person has been hired effective \_\_\_\_\_  
(date)

at \_\_\_\_\_  
(park)

U.S. DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
P.O. BOX 37127  
WASHINGTON, D.C. 20013-7127

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OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300

- U. REFERENCES.** List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS AND TELEPHONE NUMBER (No., Street, City, State, ZIP)	BUSINESS OR OCCUPATION

	Yes	No
<b>V.</b> 1. Within the last five years have you been fired from any job for any reason? .....		
2. Within the last five years have you quit a job after being notified that you would be fired? ..... (If your answer to either of the above questions is yes give details in the space indicated for detailed answers. Show the name and address (including ZIP) of employer, approx. date, and reasons in each case) .....		
<b>W.</b> 1. Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.) .....		
2. During the past seven years have you been convicted, imprisoned, on probation or parole or forfeited collateral, or are you now under charges for any offense against the law not included above? ..... NOTE: When answering either of the above, you may omit: (1) traffic fines for which you paid a fine of \$50.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.		
3. While in the military service were you ever convicted by a general court-martial? ..... If your answer to either of the above questions is yes, give details in the space indicated for detailed answers. Show for each offense: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.		
<b>X.</b> 1. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)? .....		
2. Do you live with, or within the past 12 months have you lived with, any of these relatives who are employed in a civilian capacity? ..... If your answer to the first of the above questions is yes, give in the space for detailed answers for such relatives: (1) full name; (2) present address (including ZIP Code); (3) relationship; (4) department, agency, or branch of the Armed Forces. If your answer to the second of the above questions is yes also give the kind of appointment held by the relative(s) you live with or have lived with within the past 12 months.		
<b>Y.</b> Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia government service? .....		

**YOUR STATEMENT CANNOT BE PROCESSED UNTIL YOU HAVE ANSWERED ALL QUESTIONS. BE SURE YOU HAVE PLACED AN "X" TO THE RIGHT OF EVERY MARKER (▶) ABOVE, EITHER IN THE "YES" OR "NO" COLUMN.**

**SPACE FOR DETAILED ANSWERS OF ABOVE QUESTIONS**

Item No. \_\_\_\_\_

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- Z.** How did you learn about seasonal employment opportunities with the National Park Service? (recruiter, friend, park area, publication)

**NAME AND LOCATION OF LAST FEDERAL GOVERNMENT EMPLOYMENT AS A CIVILIAN**

Specify: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION**

**YOU MUST SIGN THIS APPLICATION.** Read the following carefully before you sign.

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

I understand that any information I give may be investigated as allowed by law or Presidential order;

I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the Federal Government.

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

**48** SIGNATURE (Sign each application in dark ink)

**49** DATE SIGNED (Month, day, year)

**APPLICATIONS POSTMARKED AFTER JANUARY 15 WILL NOT BE ACCEPTED**

