

Weeks Bay Reserve

Coastal Section

Alabama State Lands

Division

Department of Conservation and Natural Resources



POSITION AVAILABLE

Open until filled.

LOCATION: Weeks Bay Reserve, Fairhope, AL

CLASSIFICATION: Laborer – 90101

STATUS: FULL-TIME

SALARY: \$758.60 - \$1,019.90, Semi-monthly (\$18,206.40 - \$24,477.60/yr)

BENEFITS:

- Low-cost Health/Dental Insurance
- 13 Paid Holidays per year
- Accrue 13 days each of sick and annual leave per year
- Retirement Benefits (Retirement Systems of Alabama, RSA)

MINIMUM REQUIREMENTS:

Graduation from high school or possession of a GED certificate

JOB DESCRIPTION:

Laborer job responsibilities include building and grounds maintenance and special event work, including, but not limited to, lawn and grounds maintenance, light carpentry, boardwalk and trail maintenance, custodial work, and setup/breakdown/cleanup of rental events (meetings, seminars, receptions, etc.). Heavy lifting and manual labor are expected. Work with small power equipment (weed eater, lawnmower, chainsaw) is expected upon completion of use/safety training.

NOTES:

- Some weekend work is expected.
- Salary is based on a 40-hour work week.
- Compensatory time off is awarded for any overtime worked. Paid overtime is *not* available.
- Work is closely supervised, yet individual is expected to work independently as directed.

TO APPLY:

- 1. Complete a State of Alabama Application for Examination (see below). Applications may also be picked up at Weeks Bay Reserve.
- 2. Return completed application directly to Weeks Bay Reserve for consideration.
- 3. Applications will be accepted, and appointments made on an equal opportunity, merit basis, without regard to sex, race, age, religion, disability, color, or national origin.
- 4. Applications will be accepted continuously until job is filled.

FOR MORE INFORMATION: Contact Angela Underwood at 251.928.9792.

A Component of the National Estuarine Research Reserve System 11300 U.S. Highway 98 - Fairhope, Alabama 36532 - Phone: (251) 928-9792 - Fax: (251) 928-1792

Form 3 – Revised Oct. 2019	PLICATION F	OR EXAMIN	ATION		
DO NOT WRITE IN THIS SPACE		ON EXAMIN OF ALABAMA		General	Instructions
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EDUCATION:	CIRCLE OR BRACK	KET THE HIGHEST GRA	DE OF SCHOO	OL COMPLETED	ED ED
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	CERTIFICATI	ON STATEMENT			
I hereby certify, under penalty of per agree and understand that any false or decemployment in the service of the State of information on this application is subject checks. I agree to allow my employer/pr If employed, I agree to electronic deposition compensatory time off in lieu of overtime for late receipt of applications due to materials.	ceptive information herein Alabama and may prohibit to verification, and I concospective employer to receits of my payroll check and compensation for any over	, regardless of time of di it me from being considerate to criminal history serve a copy of my Alab and other state payments; certime hours worked. The	scovery, may overed for future of background, rama Backgrouand and consistent	cause forfeiture employment. I u nilitary service, and Check report t with applicable	on my part of an inderstand that a and employment through ALEA e laws, to receive
Signatura	-	Data			
Signature		Date			

Form 3 – Revised Oct. 2019

LAST FOUR DIGITS OF SOCIA	I CECHDITY NUMBER.
LAST FOUR DIGITS OF SOCIA	L SECURITY NUMBER:

	Last Four Digits Of Social	SECURITY NUMBER:			
List three independent persons, not relatives or present employer, who know you well enough to give information about you.					
NAME	ADDRESS AND PHONE NUMBER	EMPLOYER			
Should you need testing accommodations due to a health problem or disability, you must contact the State Personnel Department.					
Should you need testing accommodations due to a nearth problem of disability, you must contact the State refsonner Department.					

Should you need testing accommodations due to a health problem or disability, you must contact the State Personnel Department.
Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job? () Yes () No
If you answered Yes to the above question, provide an explanation noting any mitigating or extenuating circumstances in the space below. If necessary, you may use a separate sheet or sheets and attach to the application.
Have you ever been convicted of a misdemeanor or felony crime? (including pleading guilty or nolo contendere, or attending pretrial diversion.) () Yes () No If you answered Yes to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.
Have you ever been known by any other name(s)? () Yes () If Yes, what name(s)?
NOTE: THE DISCLOSURE OF A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT AS REQUIRED BY LAW. ONCE QUALIFIED FOR A POSITION AND PLACED ON A REGISTER, THE EMPLOYING AGENCY MAY THEN DETERMINE IF THE APPLICANT'S DISCLOSED CRIMINAL CONVICTION IS DIRECTLY RELATED TO THE DUTIES FOR THE POSITION BEING CONSIDERED. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

WORK HISTORY THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RÉSUMÉ IS ATTACHED.

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your duties. (Attach additional sheets if needed.) Providing salary information is optional.

Current or Last	Employer				Your Official Job Title	
Address					Type of Business	
FROM Month Year	TO Month Year	Total Months Worked	Number of Hours Per Week		Beginning Salary \$ Per	Ending Salary \$ Per
Number/Title of En On a Continuing Ba	nployees You Supervise asis	ed		1	Equipment You Operated	
Name, Title and Telephone Number of Supervisor			Reason for Leaving			
Describe Your Duti	es in Detail					

				LAST	FOUR DIGITS OF SOCIAL SECU	JRITY NUMBER:	
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Address					Type of Business		
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Name, Title and Tele of Supervisor	phone Number				Reason for Leaving		
Describe Your Duties	s in Detail						
4. Employer				Your Official Job Title			
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FROM Month Year	TO Month Year	Total Months Worked	Number of Hours Per Week		Beginning Salary	Ending Salary	
				\$	Per	\$ Per	
Number/Title of Employees You Supervised				Equipment You Operated			
On a Continuing Bas Name, Title and Tele					Reason for Leaving		
of Supervisor							
Describe Your Duties	s in Detail						

COMPLETE THIS SECTION IF YOU ARE CLAIMING VETERAN'S PREFERENCE

If you claim Veteran's Preference, check the type below. Attach copies (which will not be returned) of the required documents to your application to support your claim. 1 () Veteran (5 points) - Requires DD214 or document showing dates of service and type of discharge. If this has been submitted previously and is on file with this

- office, you may disregard this requirement. Note: Must be active duty for other than training purposes.
- 2 () Disabled Veteran (10 points) Requires DD214 or other document as above and letter of disability from V.A. dated within last 6 months. V.A. letter must be kept updated until register is established or you lose the extra 5 points.
- 3 () Deceased Veteran's spouse (10 points) Requires DD214 or other document as above and marriage and death certificates. Cannot be claimed if spouse remarries.
- 4 () Disabled Veteran's spouse (10 points) Requires DD214 or other document as above and V.A. letter of disability dated within last 6 months. Cannot be claimed unless still married to disabled veteran who because of this disability is not themselves qualified.
- 5 () Permanently Disabled Veteran (10 points) Requires DD214 or other document as above indicating veteran is permanently disabled or DD214 or other document and V.A. letter indicating permanent disability.

COMPLETE THIS SECTION IN ORDER TO BE SCHEDULED FOR WRITTEN EXAMS

Written exams will be given in the places below for which a sufficient number of applicants express preference. Indicate by number your 1st, 2nd and 3rd choices.

- 3 () Birmingham
- 6 () Jacksonville
- 9 () Montgomery
- 11 () Florence
- 13 () Huntsville

5 () Dothan

25 Dekalb

28 Etowah

- 8 () Mobile
- 12 () Tuscaloosa
- **14 ()** Troy
- 15 () Auburn

If you qualify, you will receive a notice showing the place and time you are to report for the exam.

Where did you learn of this job? (check all that apply)

- 1 () State Career Center 5() Friend/Relative **9**() Legislative Representative 13() TV/Radio Commercial 2 () Job Announcement Notice 6() Dept. News Bulletin **10** () State Recruiter / Counselor 14 () State Personnel Dept. Website
- 3 () Newspaper 7() Rehabilitation Services 11 () State Personnel Dept. Information Board **15** () Other Website
- 4 () College Placement/Career Office 8() High School Counselor 12 () Outreach Program (i.e. Church) 16 () Other

AVAILABILITY



83 - Northeast Alabama 86 - Birmingham Area 10 Cherokee 05 Blount

22 Cullman

37 Jefferson

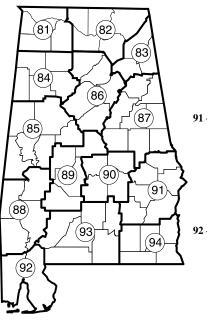
58 Shelby 59 St. Clair

89 - Selma/Clanton Area 11 Chilton

24 Dallas

53 Perry

66 Wilcox



90 - Montgomery Area 01 Autauga

51 Montgomery

- 93 South Central
- Alabama 26 Elmore
- 07 Butler 43 Lowndes 18 Conecuh
 - 20 Covington
 - 21 Crenshaw
 - 27 Escambia
 - 50 Monroe
- 91 Phenix City 94 - Dothan Area 16 Coffee Troy Area
 - 03 Barbour 23 Dale
 - 06 Bullock 31 Geneva
 - 41 Lee 34 Henry
 - 44 Macon 35 Houston
 - 55 Pike 57 Russell
- 92 Mobile Area 95 - Statewide
 - 02 Baldwin (You will be 49 Mobile considered for vacancies through-

out the state. Relocation may be necessary)

Please answer the following questions with care. List in the spaces provided those areas of the state in which you would accept employment. You will be considered for employment only in the locations you indicate. You may choose a combination of up to seven counties and/or regions from the list above. If you list a region, you will be considered available for all counties in that region. The counties in each region are listed alphabetically below the region. You will not be considered for jobs involving overnight travel or shift work unless you so indicate.

List the numbers of up to 7 counties and/or regions where you are willing to work _

Enter the earliest date you will be available to interview for employment. (Your name will not appear on a list of eligibles until this date.) Month Day Year

Will you accept work involving overnight travel? () Yes () No Will you accept part-time work? () Yes () No

Will you accept temporary work? () Yes () No Will you accept conditional work? () Yes () No

Which shifts are you willing to work? 0. () all shifts 1. () 1st only 2. () 2nd only 3. () 3rd only 4. () 1st and 2nd only 5. () 1st and 3rd only 6. () 2nd and 3rd only

NOTE: Your name will be placed on inactive status for this class after declining three offers of employment consideration or failing to reply to an agency's inquiry concerning your availability. Your name may be restored to the active register by written request.