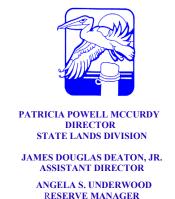


Weeks Bay Reserve Coastal Section

Alabama State Lands

Division

Department of Conservation and Natural Resources



POSITION AVAILABLE

Open until filled

LOCATION: WEEKS BAY RESERVE, FAIRHOPE, AL

CLASSIFICATION: TRADES AND MAINTENANCE ASSISTANT – 90511

STATUS: FULL-TIME

SALARY: \$27,820.80 - \$45,556.80 ANNUAL

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)

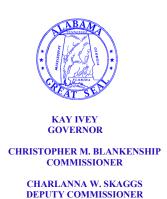
MINIMUM REQUIREMENTS:

Graduation from high school or possession of a GED certificate

JOB DESCRIPTION:

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.

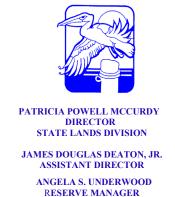
A Component of the National Estuarine Research Reserve System 11300 U.S. Highway 98 - Fairhope, Alabama 36532 - Phone: (251) 928-9792 - Fax: (251) 928-1792



Weeks Bay Reserve Coastal Section Alabama State Lands Division

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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.

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Form 3A – Revised April. 2021	PLICAT	ION FOR	EXAMIN	ATION		
DO NOT WRITE IN THIS SPACE	RETURN TO:	STATE OF AL PERSONNEL I 64 NORTH UN MONTGOMER	ABAMA DEPARTMENT NION STREET Y, ALABAMA 3 NEL.ALABAMA	6130-4100	A SEPARATE IS REQUIRI JOB. <u>Do not</u> <u>areas</u> . Comp the application. A erly completed w	Instructions E APPLICATION ED FOR EACH write in shaded lete all parts of Applications not proposed by the proposed proposed in the proposed propose
EN	TER LAST FOUR	DIGITS OF SOCIAL	L SECURITY NUMBI	ER BELOW		
PRINT ALL INFORMATION LEGIE	LY					
Job Title of Examination (one per ap	plication):				Option (if app	olicable):
Full Name						
Full NameFirst Mailing Address		Middle			Last	
House or Apartment Number	per	Street				
City	tate	County	Zip Code	e	E-mail Address	
Telephone Number: Home ()		Cell () Area Code		Work (Area) ı Code	
The following inform	ation is require	ed for governmen	tal reporting or r	ecord keepii	ng purposes:	
Date of Birth (Month)	(Day) (Year)		Sex (check one)	1. () M a	le () F	emale
Race (check one) () White () Black	() Hispanic () Asian () Native lot Wish to Respond	e Hawaiian or Pacific Is	ilander () A	merican Indian or A	laskan Native
EDUCATION:			IE HIGHEST GRAI			
High School Diploma or GED? () Yes () N	lo (1) (2) (3)	4 5 6 7	8 9 0 0	(2 Coll	1 2 3	4 LC
PROVIDE INFORMATION ON ALL SCHOOL Name and Location of School	Dates o	of Attendance Conth/Year	ADUATE OR GRADU Fredit Hours Did Carned Gradu Earned Gradu em. Qtr. Yes	You uate? Ty	pe of Degree	ATE BY *ASTERISI Major
License/Certificate Issued By		SIONAL LICENSE ecialization		te No.	Issue Date	Expiration Date
LIST COURSES SUCCESSFULLY COMPLETE	D (AND HOURS EA	ARNED) WHICH ARE	PARTICULARLY REI	LATED TO POS	SITION (attach additi	onal sheets, if needed)
By checking this box and entering statements on or attached to this applic information herein, regardless of time of Alabama and may prohibit me from beisubject to verification, and I consent to employer/prospective employer to rece	my name below ation are true, co f discovery, may ng considered fo criminal history	orrect, and comple or cause forfeiture of or future employmobackground, milit	me below, I hereby te. I further agree a on my part of any e ent. I understand th ary services, and en	and understar mployment i aat all inform mployment c	nd that any false n the service of t ation on this app hecks. I agree to	or deceptive the State of olication is allow my

Date

electronic deposits of my payroll check and other state payments; and consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked. The State Personnel Department is not responsible for late receipt of

applications due to mail services or faxing malfunctions.

Signature __

LAST FOUR DIGITS OF SOCIAL	CECUDITY NUMBER
LAST FOUR DIGHS OF SOCIAL	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 much law ou disability you must contest the Sta	to Dougonnol Donoutment				

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.

1. 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	Ending Salary		
					\$ Per	\$ Per		
	Number/Title of Employees You Supervised				Equipment You Operated			
On a Continuing Basis								
Name, Title and Telephone Number				Reason for Leaving				
of Supervisor								
Describe Your Dutie	es in Detail							
	•	•	•					

Last				f Four Digits Of Social Security Number:				
2. 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 Em	l ——— —— ployees You Supervise	 d		Ψ_	Equipment You Operated	Ψ	1 Cl .	
On a Continuing Bas	sis							
Name, Title and Tele of Supervisor	phone Number				Reason for Leaving			
Describe Your Dutie	s in Detail							
3. 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		Ending Salary	
Month Year	Month fear	Months worked	Per week	\$_	Per	\$	Per	
Number/Title of Employees You Supervised					Equipment You Operated			
On a Continuing Bas Name, Title and Tele of Supervisor	phone Number				Reason for Leaving			
Describe Your Dutie	s in Detail							
4. Employer					Your Official Job Title			
Address					Type of Business			
FROM	ТО	Total	Number of Hours		Beginning Salary		Ending Salary	
Month Year	Month Year	Months Worked	Per Week	\$_	Per	\$	Per	
Number/Title of Employees You Supervised On a Continuing Basis			Equipment You Operated					
Name, Title and Telephone Number				Reason for Leaving				
of Supervisor Describe Your Duties in Detail								
L								

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.

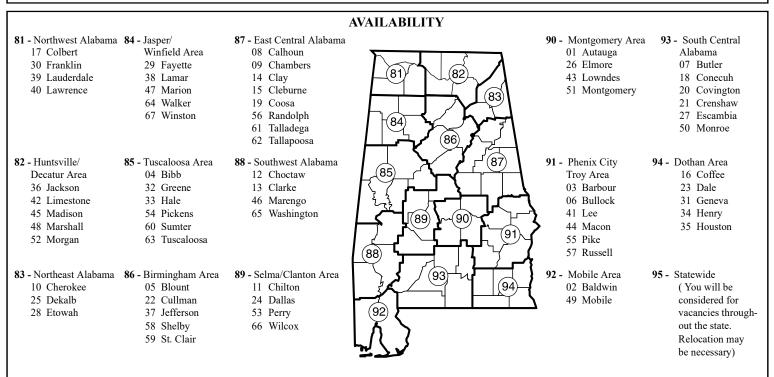
COMPLETE THIS SECTION IN ORDER TO BE SCHEDULED FOR WRITTEN EXAMS

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
 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 15 () Other Website 3 () Newspaper 7() Rehabilitation Services 11 () State Personnel Dept. Information Board 4 () College Placement/Career Office 8() High School Counselor 12 () Outreach Program (i.e. Church) 16 () Other



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.