



ALABAMA FORESTRY COMMISSION

PROTECT • SUSTAIN • EDUCATE

www.forestry.alabama.gov

AFC Flagg Mountain Caretaker Position Coosa County

Duties and Responsibilities will include but are not limited to:

- 1) Greet and assist visitors by answering questions and explaining state forest regulations
- 2) Assist campers/hikers with locating cabins and camp sites as well as trail routes
- 3) Perform custodial duties around Flagg Mountain tower, trails, cabins and camp sites. Including, but is not limited to; mowing and other yard work; cleaning and stocking restrooms and cabins; litter pick-up and cleaning out fire rings, disinfecting surfaces and camp sites
- 4) Perform light maintenance on cabins, tower and other areas of the state forest
- 5) Promptly report maintenance and safety issues to supervisor
- 6) Open tower and road gates to allow visitor access to Flagg Mountain
- 7) Assist in public relations activities, educational activities and special events
- 8) Assist with site issues and emergencies as needed

Considerations

- Will be expected to work weekends with two days off during the week and on call as needed.
- Graduation from high school or GED
- Must have a valid Alabama driver's license and pass a background check
- Working situation will be mostly outdoors in all weather conditions with considerable walking and other physical activity required
- Working on many holidays will be required (holiday time can be banked for later use)
- Caretaker will be required to live in cabin on Flagg Mountain

Salary & Benefits

- Hourly salary based on qualifications and a 40-hour work week (\$10.29/hour - \$15.66/hour)
- Health insurance, retirement, sick leave, annual leave and other state benefits
- On-site housing provided at no additional charge (includes utilities)
- Truck and ATV provided for official use

To apply, complete the attached application and return it to the Alabama Forestry Commission either via email or by regular mail to:

nikki.barnes@forestry.alabama.gov

Alabama Forestry Commission ATTN: Nikki Barnes
P.O. Box 302550
Montgomery, Alabama 36130-2550

An electronic version of the application can be found at the link below.
<https://personnel.alabama.gov/Downloads/FillInStateApp202104.pdf>

For more information, contact John Goff at (334) 240-9332.

Making Alabama Better for People Through Forestry

DO NOT WRITE IN THIS SPACE

APPLICATION FOR EXAMINATION

RETURN TO: STATE OF ALABAMA
 PERSONNEL DEPARTMENT
 64 NORTH UNION STREET
 P. O. BOX 304100
 MONTGOMERY, ALABAMA 36130-4100
 WWW.PERSONNEL.ALABAMA.GOV
 FAX: (334) 242-1110

General Instructions

A SEPARATE APPLICATION IS REQUIRED FOR EACH JOB. Do not write in shaded areas. Complete all parts of the application. Applications not properly completed will be returned. Photocopied and facsimile applications will be accepted.

ENTER LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER BELOW

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PRINT ALL INFORMATION LEGIBLY

Job Title of Examination (one per application):				Option (if applicable):
Full Name _____ First Middle Last				
Mailing Address _____ House or Apartment Number Street				
City		State	County	Zip Code
Telephone Number: Home () Cell () Work () Area Code Area Code Area Code				
The following information is required for governmental reporting or record keeping purposes:				
Date of Birth		Sex (check one)		1. () Male () Female
(Month) (Day) (Year)				
Race (check one) () White () Black () Hispanic () Asian () Native Hawaiian or Pacific Islander () American Indian or Alaskan Native () Two or More Races () Do Not Wish to Respond				

EDUCATION:	CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED.	ED	
High School Diploma or GED? () Yes () No	1 2 3 4 5 6 7 8 9 10 11 12 Coll 1 2 3 4	LC	
PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. IF ONLINE, INDICATE BY *ASTERISK.			
Name and Location of School	Dates of Attendance Month/Year From To	Credit Hours Earned Sem. Qtr.	Did You Graduate? Yes No
			Type of Degree and Date
			Major
PROFESSIONAL LICENSE OR CERTIFICATE			
License/Certificate Issued By	Field/Trade/Specialization	License/Certificate No.	Issue Date
			Expiration Date
LIST COURSES SUCCESSFULLY COMPLETED (AND HOURS EARNED) WHICH ARE PARTICULARLY RELATED TO POSITION (attach additional sheets, if needed)			

CERTIFICATION STATEMENT

I hereby certify, under penalty of perjury, that all statements on or attached to this application are true, correct, and complete. I further agree and understand that any false or deceptive information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the State of Alabama and may prohibit me from being considered for future employment. I understand that all information on this application is subject to verification, and I consent to criminal history background, military service, and employment checks. I agree to allow my employer/prospective employer to receive a copy of my Alabama Background Check report through ALEA. If employed, I agree to 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 service or faxing malfunctions.

Signature _____ Date _____

**Your name may be removed from an employment register for any disqualifying reason.
 AN EQUAL OPPORTUNITY EMPLOYER**

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.

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 () No 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 \$ _____ Per _____	Ending Salary \$ _____ Per _____
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated	
Name, Title and Telephone Number of Supervisor				Reason for Leaving	
Describe Your Duties in Detail					

LAST 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	Ending Salary
_____	_____	_____	_____	_____	_____	\$ _____ Per _____	\$ _____ Per _____
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties 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
_____	_____	_____	_____	_____	_____	\$ _____ Per _____	\$ _____ Per _____
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

4. 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 On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.

ENTER ALL NINE DIGITS OF SOCIAL SECURITY NUMBER: _____

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 |

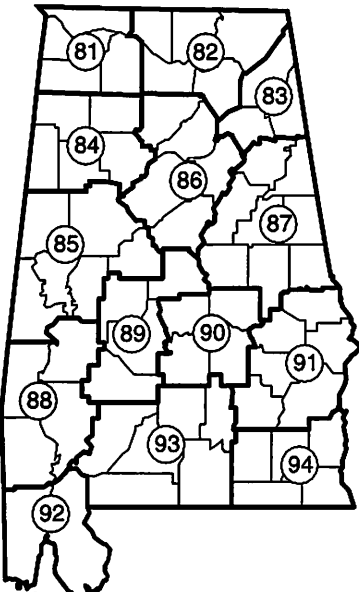
If you qualify, you will receive a notice showing the place and time you are to report for the exam.

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 |
| 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

81 - Northwest Alabama 17 Colbert 30 Franklin 39 Lauderdale 40 Lawrence	84 - Jasper/Winfield Area 29 Fayette 38 Lamar 47 Marion 64 Walker 67 Winston	87 - East Central Alabama 08 Calhoun 09 Chambers 14 Clay 15 Cleburne 19 Coosa 56 Randolph 61 Talladega 62 Tallapoosa	90 - Montgomery Area 01 Autauga 26 Elmore 43 Lowndes 51 Montgomery	93 - South Central Alabama 07 Butler 18 Conecuh 20 Covington 21 Crenshaw 27 Escambia 50 Monroe
82 - Huntsville/Decatur Area 36 Jackson 42 Limestone 45 Madison 48 Marshall 52 Morgan	85 - Tuscaloosa Area 04 Bibb 32 Greene 33 Hale 54 Pickens 60 Sumter 63 Tuscaloosa	88 - Southwest Alabama 12 Choctaw 13 Clarke 46 Marengo 65 Washington	91 - Phenix City/Troy Area 03 Barbour 06 Bullock 41 Lee 44 Macon 55 Pike 57 Russell	94 - Dothan Area 16 Coffee 23 Dale 31 Geneva 34 Henry 35 Houston
83 - Northeast Alabama 10 Cherokee 25 DeKalb 28 Etowah	86 - Birmingham Area 05 Blount 22 Cullman 37 Jefferson 58 Shelby 59 St. Clair	89 - Selma/Clanton Area 11 Chilton 24 Dallas 53 Perry 66 Wilcox	92 - Mobile Area 02 Baldwin 49 Mobile	95 - Statewide (You will be considered for vacancies throughout 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.