



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 HUMAN RESOURCES PROGRAM
SUMMER PROFESSIONAL DEVELOPMENT PROGRAM APPLICATION

FOR OFFICE USE ONLY
 DATE RECEIVED

REQUIREMENTS AND PROCEDURES

Applicants are financially responsible for:

- Transportation to/from the interview
- Subsequent housing/other accommodations
- Transportation to/from work site

SPDP will be responsible for:

- Review and selection of applications and materials
- Notifying applicants of their status
- Coordinating and facilitating the interview process

Applications and materials should be submitted through the HR website: <http://www.dnr.mo.gov/hr/internships.htm>

OR send to:

Missouri Department of Natural Resources
 DAS – Human Resources Program
 1101 Riverside Dr.
 Jefferson City, MO 65102
dnrhr@dnr.mo.gov
 (573) 751-2518 / (573) 526-3878 (fax)

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
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SCHOOL ADDRESS	CITY	STATE	ZIP CODE
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HOME ADDRESS	CITY	STATE	ZIP CODE
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COUNTY	PHONE NUMBER	E-MAIL ADDRESS
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SCHOOL NAME

POSITIONS APPLYING FOR (LIST INDIVIDUAL POSITION NUMBERS)

PREVIOUSLY INTERNED/WORKED FOR THE DEPARTMENT (IF YES, DATES/PROGRAM) YES NO

CLASSIFICATION FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

MAJOR

MINOR

OVERALL GPA

GENDER (OPTIONAL) MALE FEMALE

RACE (OPTIONAL) AMERICAN INDIAN ASIAN/ORIENTAL BLACK HISPANIC WHITE OTHER

The following materials must accompany this completed application form:

- A copy of your most recent transcripts
- One [letter of recommendation](#) from a college advisor, faculty member, or professional reference
- A current resume

**BRIEF STATEMENT WHY YOU CHOSE A CAREER IN NATURAL RESOURCES
(INCLUDE ADDITIONAL SHEETS IF NECESSARY)**

(This area is intentionally left blank for the applicant to provide a brief statement on why they chose a career in natural resources. Additional sheets may be included if necessary.)

EMERGENCY CONTACT INFORMATION

In the event of an emergency, I give the Missouri Department of Natural Resources permission to contact the following relative/guardian/friend/advisor:

APPLICANT NAME	APPLICANT DATE OF BIRTH
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE

RELATIONSHIP TO APPLICANT

APPLICANT SIGNATURE	DATE
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RELEASE

I give permission for the Missouri Department of Natural Resources to use photographs and/or video of me for use, reuse, publication and re-publication in part or in conjunction with any printed matter and all media for the purposes of recruitment, marketing or any other purpose. I also give permission to use my name and any statements made by me in connection with the Summer Professional Development Program and the Missouri Department of Natural Resources.

APPLICANT SIGNATURE	DATE
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