



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

FOR OFFICE USE ONLY
 DATE RECEIVED

APPLICATION REQUIREMENTS AND PROCEDURES

Students are financially responsible for:

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

The Department of Natural Resources is responsible for:

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

Applications and materials should be sent to:

Michele Radney, Personnel Analyst
 Missouri Department of Natural Resources
 DAS – Human Resources Program
 PO Box 176
 Jefferson City, MO 65102
michele.radney@dnr.mo.gov
 573-522-1503 Phone or 573-526-3878 Fax

APPLICANT INFORMATION

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

CLASSIFICATION:

FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

MAJOR:

MINOR:

OVERALL GPA:

GENDER (OPTIONAL): MALE FEMALE

RACE (OPTIONAL):

AMERICAN INDIAN ASIAN/ORIENTAL BLACK HISPANIC WHITE OTHER

APPLICANT MUST SUBMIT THE FOLLOWING MATERIALS IN ADDITION TO THIS COMPLETED APPLICATION FORM

- Submit a brief statement on Why You Chose a Career in Natural Resources.**
- Submit a copy of the applicant's most recent college transcripts.**
- Submit two letters of recommendation – one from the applicant's college advisor and one from a faculty member (see forms).**
- Submit the release and emergency contact information on the back of this form.**
- Submit a current resume – send resume electronically to michele.radney@dnr.mo.gov.**

RELEASE AND EMERGENCY CONTACT INFORMATION FOR THE SUMMER PROFESSIONAL DEVELOPMENT PROGRAM

Student Name: _____

Date of Birth: _____

I, (Student Name: _____) give permission for the Missouri Department of Natural Resources to use photographs and/or video of me for use, reuse, publication and republication 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.

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

Name: _____

Phone: (____) ____ - ____

Relationship to Student: _____

SIGNATURE

DATE