

J. KEVIN STITT, GOVERNOR
J. D. STRONG, DIRECTOR

Wildlife Conservation Commission
Leigh Gaddis Tim Diehl

Leigh Gaddis Chairman James V. Barwick Vice Chairman Rick Holder Secretary

D. Chad Dillingham Jess Kane Mark H. Mabrey John P. Zelbst

2023 Paddlefish Research Internship Application

INSTRUCTIONS

To be considered, your completed application MUST INCLUDE the following items:

- 1. Personal Info / Faculty Internship Authorization
- 2. Essay
- 3. ODWC Application for Employment (5 pages)
- 4. ODWC background check form (1 page)
- 5. College transcript indicating a natural resource curriculum (official transcript is required)

This application process is competitive, therefore only complete applications can be considered.

Please mail entire completed application packet to
Oklahoma Department of Wildlife Conservation
Attention: Paddlefish Research Internship
PO Box 1201 Jenks, OK 74037

Or deliver in person to the ODWC Jenks office at 300 S Aquarium Drive, Jenks, OK 74037.

Application deadline is Friday, January 20, 2023.

Successful applicants will be notified by Friday, January 27, 2023.

Hiring paperwork may need to be completed IN PERSON at the ODWC Jenks Office Monday or Tuesday February 6-7, 2023. Details will follow.

The positions begin March 1 and end April 30, 2023, with competitive opportunities for summer employment.

A mandatory hands-on training and orientation session will be held Saturday, March 4, 2023, 10am – 5pm at the Paddlefish Research Center 61091 E 120 Rd Miami, OK 74354.

We manage and protect fish and wildlife, along with their habitats, while also growing our community of hunters and anglers, partnering with those who love the outdoors, and fostering stewardship with those who care for the land.



Personal Information

- J. KEVIN STITT, GOVERNOR
- J. D. STRONG, DIRECTOR

Wildlife Conservation Commission

Leigh Gaddis Chairman James V. Barwick Vice Chairman Rick Holder Secretary

D. Chad Dillingham Jess Kane Mark H. Mabrey John P. Zelbst

Tim Diehl

2023 Paddlefish Research Internship

Last Name:	First Name:								
University:									
University:	(MUST include an official transcript.)								
Are you able to travel to Miami, OK (near Grand Lake)? YES / NO Please indicate your work availability: WEEKDAYS (Mon, Thurs-Fri), WEEKENDS (Sat – Sun), BOTH/EITHER Some of the work involved will take place outdoors, in inclement weather, and will be physically tasking. Are you lift a 50lb object? YES / NO									
							Driving state vehicles is essential to this job. Do you ha	ve a valid driver's license? YES / NO	
							Are you currently or have you been previously employed by ODWC in any capacity? YES / NO Where and when?		
, , , , ,	answer the following:								
3) What are your collegiate and/or career goals?									
Faculty / Internship Credit Authorization (optiona	ıl, but encouraged)								
To be completed by university faculty member: My signature below indicates that I have discussed the benefits and support their participation. The student will earn undergraduate re participation and completion of the ODWC internship.	esearch or internship credits in the amount listed below upon sat								
Faculty signature:									
Faculty name (please print):									
Credit hours for internship*: *Work hours will take place during the period March 1 to April 30, 2	Course Code:	r credit Ideally							
Tronk hours will take place during the period water 1 to April 30, 2	.025. Interns will be required to work a milliman of 10 hours per	cicuit. iucuity,							

We manage and protect fish and wildlife, along with their habitats, while also growing our community of hunters and anglers, partnering with those who love the outdoors, and fostering stewardship with those who care for the land.

these hours will be distributed over the term to maximize student exposure to various activities.

Oklahoma Department of Wildlife Conservation

An Equal Opportunity Employer

Application for Employment



(Type or Print) Do not use	pencil	Application	Application deadline: Friday January 20, 2023			
Date:	Position Applyin	g For:				
Name:		First	Middle			
Address:Street		City	State	Zip Code		
	Sc					
			r:			
Email:	Dr	iver's License State:				
If applying for internship, wha	at period of time would you be ava	ilable to work?				
Will you accept work in any a	rea of the state?	If no, specify prefe	erence:			
When will you be available for	employment?					
Are you willing to travel in the	e performance of your duties?	Overnight	? A week at a	a time?		
How did you learn about this	job?					
Are you a U.S. Citizen?	If not a U.S. Citizen, pleas	e provide alien regist	ration number:			
If yes, list their name(s) and	rrently working for the Departme now you are related:ed of any offense including traffic			se explain below:		
Convictions are not an absol	ute bar to employment, but will b	e considered in relation	on to specific job requirement	S.		
Your previous residences for	the past ten years: Use addition	nal sheet of paper if no	ecessary.			
Dates	Street Addres	ss	City	State		
From						
То						
From						
То						
From						
То						
From						
То						

Oklahoma Department of Wildlife Conservation

APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment.

★ This form will be separated from the application ★

Name:					
Last			First	M.I.	
Address:					
Mailing Address					
City			State	Zip Code	
Day Phone ()		_ Soc	ial Security Numbe	r:	
Position Applied for:					
	V	oluntary I	nformation		
Gender:	Ethnic Origin (check one)				
☐ Female	Month-Day-Year		■ W – White ■ B – Black ■ H – Hispanic		
How did you find ou	t about this	job?			
☐ State Employee		□ Newspaper		☐ Job Fair	
☐ College/University Career Day		☐ Professional Publication		■ Television	
O.D.W.C.'s Human Resource Office		☐ Agency Web Site – Internet			
Other:					
Signature				 Date	

The Oklahoma Department of Wildlife Conservation will make all decisions regarding recruitment, hiring, promotions, terminations, and other terms and conditions of employment without discrimination on grounds of age, race, color, creed or religion, sex, national origin, physical or mental disability, or other factors which cannot be lawfully used as the basis for employment decision.

The Department hires only U.S. Citizens and aliens authorized to work in the United States.



Employment History

List all employment, STARTING WITH PRESENT OR MOST RECENT EMPLOYER. Account for <u>all periods</u>, including unemployment and military service during the past ten years. Use additional sheet of paper, if necessary.

Dates	Name, address, phone of employer	Job Title	Supervisor's Name	Salary	Reason for Leaving
From				,	
То					
From					
То					
From					
То					
From					
То					
From					
То					
From					
То					
From					
То					
Summary of your d	uties and responsibilities for t	he above liste	d jobs as relates to _l	position applyin	g for:
History of experien	ce as a supervisor:				
If you have Military	service, please complete the	following: (w	rite N/A if not applica	able)	
Date(s) of Military Se	ervice:		to		
Branch of Service:			Full-time?	National	Guard or Reserve?
Highest rank attaine	d:				
What was your job o	r specialty?				
Type of discharge:	Honorable	Other than L	Ionorable (Evoluin	helow if Other the	an Honorable)
Type of discriarge.		_ Juiti ulali F	ionorable (Expidin	DEIOW II OTHER TH	an nonorable)

List three references (preferably previous employers) not related to you: Name Address				<u>Telephone</u>		
	fic, industrial or farr position applied for:	n equipment, machinery or hea	avy tools you can effectiv Below Average	rely operate, and ra	ate your ability on each Above Average	
List any other spe	ecial skills you have:					
You may include	samples of papers	or reports you have written. 1	These items will not be	returned to you.		
		Educa	ation			
Attended (Mo. and Yr.)	Type of School	School Name and Location	Graduated? Yes or No	Degree (BS, etc.)	Major field of Study	
From						
To From	High					
То	School					
From						
То						
From						
To From	College					
	or					
To From	University					
То						
* When the posi application is co	omplete and can be	ege courses or degree, <mark>you e reviewed</mark> . To receive credi	must enclose a copy	nscript enclosed: of your college tr I high school, a tra	anscripts before this	
	Corres.,					
	Business, Trade,					
	etc.					

Who would not like a jak with this Department?	
Why would you like a job with this Department?	
Briefly state your qualifications for the position you are applying for:	
Pre-Employment	Statement
I give the Department of Wildlife Conservation the right to make a thou including the release of employment, education, financial, legal, and oth I release from all liability or responsibility all persons, companies, corpor I consent to taking such pre-employment physical, mental and drug-use I agree to abide by such laws or rules as set by or observed by the Oklah any false answers or statements made by me on this application, or any tioned investigation, will constitute justification for immediate termination	er records, and I agree to cooperate in such investigation. ations or agencies providing investigative information. text examinations as may be required by the Department. I understand that a supplement thereto or in connection with the above men-
Applicant's Signature:	Date:
Application must be	signed.
The Oklahoma Department of Wildlife Conservation emphasizes a police recruitment, hiring, terminations and other terms and conditions of employees.	

color, age, creed or religion, sex, national origin, disability or other factors which cannot be lawfully used as the basis for an employment decision.

Please Note:

Be sure application is complete and return to:

Application deadline: Friday January 20, 2023

Oklahoma Department of Wildlife Conservation Attention: Paddlefish Research Internship

PO Box 1201

Jenks, OK 74037

or in person at the ODWC Jenks Office 918-299-2334 www.wildlifedepartment.com

CONFIDENTIAL



Information for Background Check

Applicant's Name: _						
List any alias or nicl	knames:					
Address:						
City, State, & Zip Co	ode:					
Home phone: ()					
Race:	Gender:	Male	Female	Date of E	Birth:	
Social Security Num	ber:					
Current Driver's Lice	ense #:				_ State: _	
Have you had a Driv	ver's License	from ar	nother State	e? YES		NO
If yes what State(s):						
** Note: if selected for	or the position	n, you wi	ll be contac	ted by Huma	n Resource	es via the email
address on your appl	lication with a	link to c	complete an	online back	ground che	ck. Please be
sure to complete this	task in a tim	nely fash	ion to expe	dite the hirin	g process.	

Remarks or Comments: