

Date of Application

SEASONAL PROGRAM ASSISTANT - APPLICATION FOR EMPLOYMENT

Please attach a resume.

NAME Firs	Name	Middle Initial	Last Name			
ADDRESS	Street Address	City	State	Zipcode		
TELEPHO	NE (Mobile)		(Home)			
E-MAIL ADDRESS						
What is the earliest date you will be available to start work?						
High Sobo						
High Schoo	ol Diploma or GED certificate	e Yes	No			

List names and locations of schools, degrees or certificates received and special skills learned. Limit 1230 characters

PLEASE LIST COMPUTER SKILLS: Limit 1600 characters

COLLEGE, BUSINESS OR VO-TECH SCHOOLS ATTENDED

K-State Research and Extension is an equal opportunity provider and employer.

JOB SKILLS

Please summarize experience related to: (Limit 1200 characters per box)

Administering programs

Managing events and activities

Teaching in formal and non-formal settings

Managing volunteers and employees

Working with youth

KSU 8-29PA (March 2016)

WORK HISTORY

List in order all positions you have held starting with most current, including any time you were in business for yourself and any periods of military service. If your duties changed significantly in the course of any employment, indicate changes as separate employment. Resume may not be substituted for following employment history.

Last or Present Employment

Employer:		Job Title:			
Address:		Dates of employment:		to	
Phone:	Hours per Week:	Immediate Supervisor:			
Type of Business:		# of People Supervised:	for	years	months
Duties While Employed (also list equipment used regularly in the work of this position):					

Reason for Leaving:

Other Employment					
Employer:		Job Title:			
Address:		Dates of employment:		to	
Phone:	Hours per Week:	Immediate Supervisor:			
Type of Business:		# of People Supervised:	for	years	months
Duties While Employed (also li	st equipment used regularly in the	e work of this position):			

Reason for Leaving:

Employer:		Job Title:			
Address:		Dates of employment:		to	
Phone:	Hours per Week:	Immediate Supervisor:			
Type of Business:		# of People Supervised:	for	years	months
Duties While Employed (also	list equipment used regularly in the	e work of this position):			

Reason for Leaving:

Employer:		Job Title:			
Address:		Dates of employment:		to	
Phone:	Hours per Week:	Immediate Supervisor:			
Type of Business:		# of People Supervised:	for	years	months
Duties While Employed (al	so list equipment used regularly in th	e work of this position):			

Reason for Leaving:

REFERENCES

May we contact your present employer regarding your qualifications?	Yes	No				
Please list three persons in addition to the employers named above. Do not include relatives.						
Name	Telephone					
Address						
Name Address	Telephone					
Name Address	Telephone					

To the best of my knowledge, all answers to the foregoing are true and correct. I hereby grant permission to K-State Research and Extension to contact each of my former employers listed above concerning my qualifications for employment. Permission is also granted to each of my former employers to give K-State Research and Extension information they may have with respect to my work experience with them.

Signature

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