

Employment Application
K-State Research & Extension-Coffey County

Return completed form to:
Coffey County Extension
110 S 6th St
PO Box 269
Burlington, KS 66839
620-364-5313

Date: _____

CONTACT INFORMATION

Name: _____ Email _____

Address: _____

Phone: _____ Alternate Phone: _____

Permanent Address: _____

INFORMATION ABOUT DESIRED POSITION AND AVAILABILITY

For what type of position(s) are you applying? Check as many as appropriate.

- | | |
|--|--|
| <input type="checkbox"/> Program Assistant | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Student Worker | <input type="checkbox"/> Event Assistant |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Other _____ |

Do you have 4-H experience? If so, please detail: _____

EDUCATIONAL BACKGROUND

Year: Freshman Sophomore Junior Senior Graduate

School: _____ Major: _____ Expected Graduation Date: _____

Please explain what you think this job entails and why you are applying for the position.

Please list special knowledge, skills, or activities relevant to desired position:

Please list computers and software with which you are familiar:

WORK HISTORY

Begin with most recent. Add pages if necessary.

1. Dates of Employment – From _____ To _____
Employer: _____
Name of Supervisor: _____ Phone Number: _____
Duties: _____

May we contact this employer as a reference? Yes No

2. Dates of Employment – From _____ To _____
Employer: _____
Name of Supervisor: _____ Phone Number: _____
Duties: _____

May we contact this employer as a reference? Yes No

3. Dates of Employment – From _____ To _____
Employer: _____
Name of Supervisor: _____ Phone Number: _____
Duties: _____

May we contact this employer as a reference? Yes No

Availability Date: _____ Number of Hours: _____

Are you available to work the entire summer? Yes No

How many hours are you available to work during the summer? _____

What hours are you available to work during the week? Please write in times under each weekday?

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

To the best of my knowledge, all answers to the foregoing are true and correct. I hereby grant permission to each of my former employers to give Kansas State University and Coffey County Extension information they may have with respect to my work experience with them. I understand falsifying information on this application may be grounds for dismissal.

Signature

The office of K-State Research & Extension-Coffey County and Kansas State University is committed to a policy of nondiscrimination on the basis of race sex, national origin, disability, religion, age, sexual orientation or other non-merit reasons, in admissions, educational programs or activities, and employment, all as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries, including those concerning the Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, has been delegated to: the Director of Affirmative Action Office, 214 Anderson Hall, Kansas State University, Manhattan, Kansas 66506-0104 (785-532-6220).

PLEASE ATTACH RESUME