Summer Intern Employment

K-State Research and Extension- Coffey County

Valid Driver’s License Preferred, Not Required
Due April 14, 2023

Return to:
Coffey County Extension
225 Cross St
PO Box 269
Burlington, KS 66839
620-364-5313

Date: ______________________

CONTACT INFORMATION
Name: ________________________________________ Email: __________________________
Address: ________________________________________________________________________
Phone: ____________________________ Alt. Phone: _________________________________

EDUCATION
School: _________________________________________________________________________
Year in School: _________________________________________________________________
Major: _________________________________________________________________________

APPLICATION
Do you have 4-H Experience? Please explain:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

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 this position:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Please list computers and software with which you are familiar:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

WORK HISTORY

Begin with most recent.

1. Dates of Employment- From____________to____________
Employer:______________________________________________
Supervisor Name:_____________________________ Phone:_________________________
Duties:________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
May we contact his employer as a reference? Yes______ No__________

2. Dates of Employment- From____________to____________
Employer:______________________________________________
Supervisor Name:_____________________________ Phone:_________________________
Duties:________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
May we contact his employer as a reference? Yes______ No__________

3. Dates of Employment- From____________to____________
Employer:______________________________________________
Supervisor Name:_____________________________ Phone:_________________________
Duties:________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
May we contact his employer as a reference? Yes______ No__________
AVAILABILITY

Availability Date: __________________________ Number of Hours:_________________

Are you available to work the entire summer? Yes _________ No______________

If not, explain:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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 information they have with respect to my work experience with them. I understand that falsifying information on this application may be grounds for dismissal.

____________________________________________________________________________

Signature

The office of K-State Research and Extension- Coffey County and Kansas State University is committed to a policy of nondiscrimination on the basis of race, sex, national 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 delegate to the Director of Affirmative action Office, 214 Anderson Hall, Kansas State University, Manhattan, Kansas 66506-0104. (785-532-6220).

PLEASE ATTACH RESUME