

Date of Application

PROGRAM ASSISTANT - APPLICATION FOR EMPLOYMENT

Please attach a resume.

NAME

First Name

Middle Initial

Last Name

ADDRESS

Street Address

City

State

Zipcode

TELEPHONE (Mobile)

(Home)

E-MAIL ADDRESS

What is the earliest date you will be available to start work?

EDUCATION

High School Diploma or GED certificate Yes

No

COLLEGE, BUSINESS OR VO-TECH SCHOOLS ATTENDED

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

PLEASE LIST COMPUTER SKILLS: Limit 1600 characters

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

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 list equipment used regularly in the 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 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 work of this position): _____

Reason for Leaving: _____

