

Date of Application

PROGRAM ASSISTANT - APPLICATION FOR EMPLOYMENT

Please	attach a	resume.						
NAME	First Name	•	Middle Init	ial	Last Nar	me		
ADDRE	ESS	Street Address		City		State	;	Zipcode
TELEP	HONE (I	Mobile)			(Home)		
E-MAIL	. ADDRE	ess						
What is	the earl	iest date you will be avai	lable to	start work?				
				EDUC	ATION			
High So	chool Dip	oloma or GED certificate	Yes	N	No			
		NESS OR VO-TECH SCHO			d and specia	al skills learned.	Limit 1230 chara	cters
PLEASE	E LIST CO	OMPUTER SKILLS: Limit 160	0 character	s				

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

REFERENCES

May we contact your present employer regarding your qualific	cations? Yes No
Please list three persons in addition to the employers named	above. Do not include relatives.
Name	Telephone
Address	
Name	Telephone
Address	
Name	Telephone
Address	
Extension to contact each of my former employers listed above	e true and correct. I hereby grant permission to K-State Research and ve concerning my qualifications for employment. Permission is also earch and Extension information they may have with respect to my work
	Signature

KSU 8-29PA (December 2023)