

APPLICATION FOR EMPLOYMENT
in the Cooperative Extension Service
Kansas State University
in the
Sherman County Extension Office

Return application to: Sunflower Extension District-Goodland
813 Broadway Room 301
Goodland, KS 67735

FILL IN OR CHECK ALL BLANKS

1. NAME _____
 First name Middle name Maiden name Last name

2. ADDRESS _____

TELEPHONE: _____ If no telephone, how can you be reached? _____

3. SOCIAL SECURITY NUMBER _____ BIRTH DATE _____

4. EDUCATION:	Name and Address Of School Attended	Years or Grade Completed	Graduated	Grade Average
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High School: _____

Business College: _____

College: _____

Major Field of Study _____

5. ARE YOU PURSUING ANY COURSE OF STUDY NOW? _____

6. LIST BELOW ANY SPECIAL ABILITIES, EXPERIENCE WITH EXTENSION AND/OR 4-H,
AND MANNER ACQUIRED:

7. WORK HISTORY:

Last or Present Employer:

Name of Firm _____ Address _____

Business of Firm _____

Immediate Superior _____

Length of Employment _____

Starting Salary _____ Salary at Leaving _____

Your Duties While Employed _____

Reason for Leaving _____

Most Significant Employment Other Than Above:

Name of Firm _____ Address _____

Business of Firm _____

Immediate Superior _____

Length of Employment _____

Starting Salary _____ Salary at Leaving _____

Your Duties While Employed _____

Reason for Leaving _____

8. REFERENCES: Do not give former employers or relatives.

Name Address Occupation

A. _____

B. _____

I HEREBY CERTIFY THAT I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY AND WITHOUT RESERVATION.

_____ Date

_____ Signature of Applicant

(For Use by County Extension Office)

Date Application Received _____

Date Applicant Interviewed _____

Date Action on Application sent to applicant _____

Comments: _____