

Date of Application

PROGRAM MANAGER - APPLICATION FOR EMPLOYMENT

Please atta	ch a resume.						
NAME First	Name	Middle Initial	L	ast Name			
ADDRESS	Street Address	Cit	y	State	Zipcode		
TELEPHON	NE (Mobile)		(H	Home)			
E-MAIL AD	DRESS						
What is the	earliest date you will be av	ailable to sta	rt work?				
			FDUCATIO				
			EDUCATIO	ON .			
High School	ol Diploma or GED certificate	e 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 LIS	ST COMPUTER SKILLS: Limit 1	600 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				
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:	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: Employer: Address:		Job Title: Dates of employment:		to	
Phone: Type of Business: Duties While Employed (als	Hours per Week: so list equipment used regularly in th	Immediate Supervisor: # of People Supervised:	for	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)