

EMPLOYMENT APPLICATION
JACKSON CO. EXTENSION SUMMER YOUTH PROGRAM STAFF

RETURN TO: amber@iastate.edu or

DUE: **February 16, 2024**

Jackson County Extension
201 West Platt Street
Maquoketa, IA 52060

Name: _____ Phone _____

Address _____

Email _____

Are you legally authorized to work in the United States ____ Yes ____ No

Access to transportation? ____ Yes ____ No Email _____

EDUCATION:

	<u>Name of Institution</u>	<u>Location</u>	<u>Year Graduated</u>
High School:	_____	_____	_____
Post High School	_____	_____	_____
Major	_____		

EMPLOYMENT:

Previous Experience Record: List chronologically work for which you have received regular payment. Include part-time work done while attending high school & college, entering most recent first:

<u>Employer</u>	<u>Job Title</u>	<u>Date Started</u>	<u>Date Left</u>
_____	_____	___/___/___	___/___/___
<u>Address</u>	<u>Supervisor's Name</u>	<u>Starting Rate</u>	<u>Final Rate</u>
_____	_____	\$ _____	\$ _____
<u>Duties</u> _____			

Reason for Leaving: _____

Employer	Job Title	Date Started	Date Left
_____	_____	___/___/___	___/___/___
Address	Supervisor's Name	Starting Rate	Final Rate
_____	_____	\$_____	\$_____

Duties _____

Reason for Leaving: _____

Employer	Job Title	Date Started	Date Left
_____	_____	___/___/___	___/___/___
Address	Supervisor's Name	Starting Rate	Final Rate
_____	_____	\$_____	\$_____

Duties _____

Reason for Leaving: _____

EXPERIENCE:

Describe your experience with youth programs:

Boy Scouts ____ Girl Scouts ____ 4-H ____ FFA ____ Others (Please Specify):

Describe any other volunteer or leadership experience you have had:

State briefly why you desire this position:

REFERENCES:

Name: _____ Email _____
Mailing Address _____ Telephone # _____
How long have you know him/her: _____
In what capacity do you know him/her: _____

Name: _____ Email _____
Mailing Address _____ Telephone # _____
How long have you know him/her: _____
In what capacity do you know him/her: _____

Name: _____ Email _____
Mailing Address _____ Telephone # _____
How long have you know him/her: _____
In what capacity do you know him/her: _____

By signing this form, I attest that the above is an accurate and complete response to the above questions. I understand that any willful omission or misrepresentation may be grounds for dismissal from my position.

Date: _____ Signature: _____

A RESUME MAY ALSO BE INCLUDED.

RETURN BY FEBRUARY 16, 2024

Affirmative Action/Equal Employment Opportunity Employer

In accordance with ISU Extension’s Child Protection and Safety Policy, a Criminal Record Check will be completed by the Department of Public Safety on the applicant selected for this position.