



## 2024 4-H Summer Staff for Kosciusko County Position Description

**POSITION TITLE:** Purdue Extension-Kosciusko County, 4-H Summer Staff

### RESPONSIBILITIES:

- Be committed and dedicated to young people and their growth in all areas.
- Follow all 4-H guidelines and policies of the Purdue University Cooperative Extension Service and Indiana 4-H Program in Kosciusko County.
- Promote favorable public relations and image for the 4-H program.
- Work directly under the supervision of the Purdue Extension Educators, the 4-H Administrative Assistant and 4-H Program Assistant.
- Assist with clerical, organizational, and educational responsibilities.
- Work a full-time week consisting of 37.5 hours, late-May through early-August.
- Commit to working all hours as scheduled the week before, during, and following the Kosciusko County Community Fair, which is July 8-14, 2023.

### QUALIFICATIONS:

- A willingness to become familiar with and work within the philosophy and guidelines of the Purdue University Cooperative Extension Service and Indiana 4-H Program in Kosciusko County.
- A sincere interest in sharing knowledge and skills related to 4-H and youth development with youth and adults in an educational setting.
- The ability to work and communicate effectively in both verbal and written forms.
- Experience with the 4-H program as a youth member or adult volunteer preferred but not required.
- Must pass a mandatory drug test.
- College experience preferred.

Applications available from the Purdue Extension Kosciusko County Office or on our website at [extension.purdue.edu/county/kosciusko](http://extension.purdue.edu/county/kosciusko)

Application must be received by April 5, 2024 at 4:30 p.m.

Please email your application to Andrew Ferrell, County Extension Director at [adferrel@purdue.edu](mailto:adferrel@purdue.edu)

If you have any questions, please contact the office at 574-372-2340.



**Purdue Extension Kosciusko County**

2024 4-H Summer Staff Application

Due: April 5, 2024

Return by email to: [adferrel@purdue.edu](mailto:adferrel@purdue.edu)

Name:

Home Address:

City/State:

Zip:

Phone: (        )

E-mail Address:

School Attending:

Year in School:

Number of years in 4-H:

Dates available for summer employment:

**Please submit a resume that lists your work experiences, technical skills, accomplishments, high school and/or college clubs and activities, and education obtained.**

Please answer the following questions.

1. Why are you interested in working for Purdue Extension?
  
  
  
  
  
  
  
  
  
  
2. What is (are) your career goal(s)?
  
  
  
  
  
  
  
  
  
  
3. How can working in this position help you obtain your career goals?



# APPLICATION FOR EMPLOYMENT

## County of Kosciusko, Indiana An Equal Opportunity Employer

The County of Kosciusko, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.* Date: \_\_\_\_\_

Position sought \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Former name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone \_\_\_\_\_ Are you at least 18 years of age?  Yes  No

Applicants for Sheriff's Department: Are you at least 21 years of age?  Yes  No

Email \_\_\_\_\_ May we communicate with you via email?  Yes  No

Are you interested in (check all that apply):  Full-time  Part-time  Temporary

Date available to start work \_\_\_\_\_

Do you have any relatives currently employed by the County?  Yes  No

If yes, which department? \_\_\_\_\_

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### EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous ten years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here \_\_\_\_\_ and skip to **Previous employer** below.

● Current employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hire date \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \$ \_\_\_\_\_ per \_\_\_\_\_ Current salary \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why: \_\_\_\_\_

● Previous employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_  
Beginning salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Briefly describe the work you did, such as duties, responsibilities, equipment you operate,  
promotions: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:  
\_\_\_\_\_

● Previous employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_  
Beginning salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Briefly describe the work you did, such as duties, responsibilities, equipment you operate,  
promotions: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:  
\_\_\_\_\_

● Previous employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_  
Beginning salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Briefly describe the work you did, such as duties, responsibilities, equipment you operate,  
promotions: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:  
\_\_\_\_\_

- *If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason: \_\_\_\_\_

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## EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

### **High school attended** *Attach additional pages as needed.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Activities & awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability)* \_\_\_\_\_

### **College(s) or Trade School(s) attended** *Attach additional pages as needed.*

- Name \_\_\_\_\_

Address \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

- Name \_\_\_\_\_

Address \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

- Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability)* \_\_\_\_\_

- Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking \_\_\_\_\_

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### MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here \_\_\_\_\_ and skip to the next section.

Military Branch      Dates of Service      Highest Rank Attained      Rank at Separation

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Type of Discharge \_\_\_\_\_ Citations/awards received \_\_\_\_\_

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### PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training \_\_\_\_\_

Professional/special license(s) or certificate(s):

State      Issued By      Date Issued      Expiration      Type      License #

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Have you had any license suspended, revoked or terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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### PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions:

Organization Name      Address      Phone      Offices/Positions

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● Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. *(You may exclude any which indicate race, color, religion, gender, age, national origin or disability)*

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### PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● Have you ever been convicted of a felony that has not been expunged or sealed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

● Do you have an arrest record that has not been expunged or sealed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

● Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain (including jurisdiction of registry): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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● List three references who are not related to you and are not former employers or supervisors:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Number of years known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Number of years known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Number of years known \_\_\_\_\_

**APPLICANT CERTIFICATION**

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

● I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials \_\_\_\_\_

● I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

● I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

● I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

***The following sections to be completed by Sheriff's Department applicants only:***

● I understand that the employer provides police and fire service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Police or Fire Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: \_\_\_\_\_

● I understand that if I am hired as a sworn officer on the Police Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: \_\_\_\_\_

# AUTHORIZATION AND RELEASE

In applying for employment, I want the **County of Kosciusko, Indiana**, to be fully informed of my work history. I, therefore, authorize the **County of Kosciusko, Indiana**, to investigate my background and to obtain any and all information which may concern me. I release all persons, including the **County of Kosciusko, Indiana**, schools, companies, corporations, credit bureaus and law enforcement agencies, from any liability on account of furnishing such information.

I fully understand that if employed, any misrepresentation of facts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I also authorize the **County of Kosciusko, Indiana**, to discuss the results of any pre-employment investigation with persons who conduct the interview(s) in any investigation, as well as with those individuals responsible for hiring.

I understand that nothing contained in my application or in the granting of or conducting of an interview is intended to create an employment contract or binding contractual relationship between the **County of Kosciusko, Indiana**, and myself, either for employment or for the providing of any benefit.

No promises regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon the **County of Kosciusko, Indiana**, unless made in writing by the appointing authority.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice, and that the **County of Kosciusko, Indiana**, may terminate my employment at any time pursuant to the express provisions of the *County of Kosciusko Personnel Policies Handbook*. If any employment relationship is established, in consideration of such an employment relationship, I agree not to use or reveal any confidential information of the **County of Kosciusko, Indiana**.

The **County of Kosciusko, Indiana**, and its elected officials, administrators, managers, employees and agents are all released by me for any legal responsibility or liability for the release of such information and records as authorized above or any other liability which may arise from the release of such information.

I have read the above statement carefully and, if employed, I agree to abide by all of the terms set forth above.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

# NOTICE AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND CHECK

## County of Kosciusko, Indiana *an Equal Opportunity Employer*

I, \_\_\_\_\_ (applicant) \_\_\_\_\_ respectfully request and authorize Kosciusko County Government to complete a criminal background check. This information is to be used in the course of my application for employment with the County of Kosciusko.

I hereby release the County of Kosciusko and any organization assisting with the application process from any liability or damages which may result as a result of furnishing the information requested.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (Note: date of birth is requested in order to obtain accurate retrieval of records.)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
State

# Voluntary Affirmative Action Survey

• TO BE COMPLETED BY APPLICANT - TO BE FILED SEPARATELY FROM APPLICATION •

## County of Kosciusko, Indiana *an Equal Opportunity Employer*

The County of Kosciusko does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability in employment or the provision of services.

### • COMPLETION OF INFORMATION BELOW IS VOLUNTARY •

Please be advised that your survey is considered confidential information and it is not a part of your official application for employment. Inclusion or exclusion of any data will not affect any employment decision.

In an effort to comply with government requirements regarding record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. *Thank you for your cooperation.*

#### • Personal Information

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

#### • Referral source

Advertisement    Employee    Relative    Walk-in    School

Government employment agency    Private employment agency

Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

#### • Government Requested Information

Check one:    Male    Female

Check one of the following race/ethnic groups:

Black or African American (not Hispanic or Latino)    White (not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

Hispanic or Latino    American Indian or Alaskan Native (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino)

Check the following that are applicable:

Veteran    Vietnam Era Veteran    Disabled Veteran    Disabled individual