



PURDUE UNIVERSITY EXTENSION SERVICE  
Wells County  
1240 4-H Park Road  
Bluffton IN 46714  
260-824-6412

**APPLICATION FOR EMPLOYMENT**

Position for which application is made \_\_\_\_\_

Fill out application accurately and completely so that we may determine your qualifications for a position with the Cooperative Extension Service.

Date of Application: \_\_\_\_\_

**PERSONAL DATA**

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
City State Zip

PHONE with Area Code / Cell : \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date you could begin work: \_\_\_\_\_

As the job may require the use of a car:

Do you have a valid state driver's license, or can you obtain one? \_\_\_\_\_

Do you have a car or access to one? \_\_\_\_\_

Have you had any association with the Cooperative Extension Service? \_\_\_\_\_

If so, in what ways? \_\_\_\_\_

Have your parents or other family members participated in local Extension programs? \_\_\_\_\_

If so, in what ways? \_\_\_\_\_

Have you had any experience in 4-H Club work? \_\_\_\_\_

a. As a member? \_\_\_\_\_ How many years? \_\_\_\_\_ Where? \_\_\_\_\_

b. As a Junior Leader? \_\_\_\_\_ How many years? \_\_\_\_\_ Where? \_\_\_\_\_

c. As an Adult Leader? \_\_\_\_\_ How many years? \_\_\_\_\_ Where? \_\_\_\_\_

**PERSONAL DATA**

What computer programs can you use? (i.e., Word, Publisher, Excel, Picture Manager, etc.) \_\_\_\_\_  
\_\_\_\_\_

What office skills to you have? Please list: \_\_\_\_\_  
\_\_\_\_\_

List 4-H projects taken as a member and approximate number of years in each project:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been active in other youth activities? \_\_\_\_\_

Describe your participation in such work: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Names of three people, not relatives or former employers, who have known you at least two years, and who you feel would be able to assess your personal and / or professional qualifications for the position under consideration:

\_\_\_\_\_  
Name Address - Street, City, Zip

\_\_\_\_\_  
Business and Position Phone Number



\_\_\_\_\_  
Name Address - Street, City, Zip

\_\_\_\_\_  
Business and Position Phone Number



\_\_\_\_\_  
Name Address - Street, City, Zip

\_\_\_\_\_  
Business and Position Phone Number

## EDUCATIONAL RECORD

Name & Address of High School, College or University attended	Dates Attended From                      To	Grade Pt. Avg.	Grade Basis	Degree Earned Title                      Date	Semester Credit Hours

What was your major? \_\_\_\_\_ Minor? \_\_\_\_\_

Scholastic honors received (high school and college) \_\_\_\_\_

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List professional and / or social fraternities, sororities, societies, clubs, or organizations of which you are a member:

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For the above, indicate the offices or positions of leadership you held or currently hold:

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List the civic, church and community service activities in which you have been associated.

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# OCCUPATIONAL EXPERIENCE

## Jobs while in School

Name & Address of Employer	Work Description	Supervisor	Hours Per Week	Dates Employed
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Mail to:

PURDUE UNIVERSITY COOPERATIVE EXTENSION SERVICE  
WELLS COUNTY  
1240 4-H PARK ROAD  
BLUFFTON IN 46714-9684

Phone: 260-824-6412  
Fax: 260-824-4891