KSU Division of Financial Services			Date:				
Student Position App	lication						
919 Mid-Campus Drive, Anderson Hall: Administration, Room 105 Cashiers & Student Accounts, Room 211		1	2323 Anderson Ave., Old Foundation Bldg. General Accounting, Suite 500 Purchasing, Suite, 500 Fund Balancing, Suite 600 Sponsored Programs Accounting, Suite 600 Systems, Suite 600				
Name			KSU WID#				
First	Middle	Last					
Manhattan Address							
	Street, Apt. No.	City	State	Zip			
Permanent Address							
	Street, Apt. No.	City	State	Zip			
Home Phone No		Cell	Phone No				
aiD:	Other emai	l•	Curr	ent Year at KSU:			
	le between 8:00 a.m 5		THURODAY	FDIDAY			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY			
Date Available to Star How long do you wish	t: n to be employed?	Are you availab	le during summer school	ol? Yes No			
List the High School,	College, Business, or Vo	ocational Schools y	ou nave attended.				
Name and Locations of Schools		Dates Atten	Pates Attended Graduation Date/Degree(s)				
below. Include any of	and skills in keyboardi	ng, word processin	g, data entry, and/or sof	tware applications			
		ng, word processin	g, data entry, and/or sol	itware applications			
		ng, word processin	g, data entry, and/or sof	tware applications			

Please complete page two with your work history.

Kansas State University is committed to a policy of nondiscrimination on the basis of race, sex, national origin, handicap or other nonmerit reasons, in admissions, education programs or activities and employment, all as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipts of inquiries, including those concerning Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, has been delegated to Jane D. Rowlett, Ph.D., Director, Office of Academic Services, 211 Anderson Hall, Kansas State University, Manhattan, KS 66506, (785) 532-4392.

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STUDENT POSITION APPLICATION Work History

List your last three positions/employers starting with the most recent.

Employer:	Title of Job:						
Address:			Began:	1 1	Ended:		7
Type of Business:							
Hours per week:	Reason for leaving:						
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
Employer:		_ Title of Job:					
Address:			Began:_		Ended:	/_	_/
Type of Business:							
Hours per week:	Reason for leaving:						
Duties:							
		·					
Employer:		Title of Job:					
				1 1	Ended:		/
Type of Business:			_				
Hours per week:	Reason for leaving:						
Duties:							
May we contact your p	resent or previous employer(s) re	garding your gua	lifications	? '	Yes N	0	
,	,	3 a 3 , 4					
REFERENCES (List th	ree persons whom we may conta	ct regarding your	past work	perfori	mance):		
<u>Name</u>	<u>Address</u>	<u>City</u>		<u>State</u>	<u>Ph</u>	<u>one</u>	
	vledge, all answers to the foregoi						
	y to contact each of my former er						
	ermission is also granted to each			give Ka	ansas State	Unive	ersity
information they may h	nave with respect to my work expe	erience with them	١.				
	<u></u>				Dete		
	Signature				Date		

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