

**OFFICE OF EDUCATIONAL INNOVATION & EVALUATION**

2323 Anderson Avenue, Suite 220, Manhattan, KS 66502

(785) 532-5930 Office (785) 532-7185 Fax

**STUDENT TECHNICAL SPECIALIST APPLICATION**

**Applicant Information**

|                     |                                   |                                    |                                 |                                 |       |
|---------------------|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|-------|
| Date of Application | Name                              | Phone                              | SSN                             |                                 |       |
| Present Address     |                                   | Permanent Address                  |                                 |                                 |       |
| Email               |                                   |                                    |                                 |                                 |       |
| I am a (check one)  | <input type="checkbox"/> Freshman | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior | Major |

**Current Courses**

| Days | From/To | Course | Days | From/To | Course |
|------|---------|--------|------|---------|--------|
|      |         |        |      |         |        |
|      |         |        |      |         |        |

| Times I am available to work: | Mon  |    | Tue  |    | Wed  |    | Thu  |    | Fri  |    | Total Hrs per Wk |
|-------------------------------|------|----|------|----|------|----|------|----|------|----|------------------|
|                               | From | To | From | To | From | To | From | To | From | To |                  |
|                               |      |    |      |    |      |    |      |    |      |    |                  |
|                               |      |    |      |    |      |    |      |    |      |    |                  |

I am interested in summer hours:  Yes  No If yes, how many: \_\_\_\_\_

**TECHNICAL SKILL LEVELS**

Check the number that best describes your skill/experience level: 1 No Experience; 2 Some Experience; 3 Proficient.

| Personal Computer Program | 1                        |                          |                          | 2                       |                          |                          | 3                        |                  |                          | General Office Work Activity | 1                        |   |   | 2 |   |   | 3 |  |  |
|---------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|------------------|--------------------------|------------------------------|--------------------------|---|---|---|---|---|---|--|--|
|                           | 1                        | 2                        | 3                        | 1                       | 2                        | 3                        | 1                        | 2                | 3                        |                              | 1                        | 2 | 3 | 1 | 2 | 3 |   |  |  |
| Windows 7                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Phone Technical Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multi-line phone | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |   |   |   |   |   |   |  |  |
| MS Word                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Email Technical Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inventory        | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |   |   |   |   |   |   |  |  |
| MS Excel                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Application Testing     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |                          |                              |                          |   |   |   |   |   |   |  |  |
| MS Access                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Python (language)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |                          |                              |                          |   |   |   |   |   |   |  |  |
| Adobe Acrobat             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Django (framework)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |                          |                              |                          |   |   |   |   |   |   |  |  |
| ArcGIS                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MySQL (database)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |                          |                              |                          |   |   |   |   |   |   |  |  |
| SPSS                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         |                          |                          |                          |                  |                          |                              |                          |   |   |   |   |   |   |  |  |

**REFERENCES**

| KSU Faculty Member | Dept & Bldg | Phone | Email Address |
|--------------------|-------------|-------|---------------|
| 1                  |             |       |               |
| 2                  |             |       |               |
| 3                  |             |       |               |
| Employer           | Address     | Phone | Email Address |
| 1                  |             |       |               |
| 2                  |             |       |               |
| 3                  |             |       |               |

**APPLICANT SIGNATURE**

|   |                     |      |
|---|---------------------|------|
| <i>By signing this application I agree that the information provided is true and correct to the best of my knowledge.</i> | Applicant Signature | Date |
|---|---------------------|------|

Please print and sign/date your completed application and return it to OEIE with your resume.  
Thank you for your interest in employment with the Office of Educational Innovation and Evaluation at KSU.