

# Application for Employment-Summer Intern

**Return Application to:** Cass County Extension Office  
C/O County Extension Director  
200 Court Park, Room 302  
Logansport, IN 46947  
574-753-7750  
crumc@purdue.edu

## Application Process:

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

## Personal Data

Please complete this application by either printing or typing.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

1. Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. If your application is considered favorably, on what date will you be available to work?  
\_\_\_\_\_

## Education

Do you have a high school diploma or GED? ☐ Yes ☐ No

Name of School: \_\_\_\_\_

Are you currently attending or do you have a degree from a post-secondary institution?

☐ Attending ☐ Graduated

Name of Institution \_\_\_\_\_

Area of study \_\_\_\_\_

## Work Experience

Please complete the table below for your last 3 places of employment.

Dates of Employment	
Employer's Name	
Employer's Address	
Employer's Phone	
Supervisor's Name	
Supervisor's Email	
Position Held	
Salary	
Duties Performed	

Dates of Employment	
Employer's Name	
Employer's Address	
Employer's Phone #	
Supervisor's Name	
Supervisor's Name	
Supervisor's Email	
Position Held	
Salary	

Dates of Employment	
Employer's Name	
Employer's Address	
Employer's Phone #	
Supervisor's Name	
Supervisor's Name	
Supervisor's Email	
Position Held	
Salary	

Please describe your work experiences on the below. Please use an additional page if needed.

1. Describe your past 4-H experience \_\_\_\_\_  
\_\_\_\_\_
2. Describe why you would be interested in this position \_\_\_\_\_  
\_\_\_\_\_
3. Describe your experience in working with volunteers \_\_\_\_\_  
\_\_\_\_\_
4. List the software that you are proficient in. (Include word processing, spreadsheets, databases, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe your experience in working/teaching youth \_\_\_\_\_  
\_\_\_\_\_
6. Share any prior experiences, coursework, or other skillsets that are applicable for this position \_\_\_\_\_  
\_\_\_\_\_

### References

Please list the name, address and phone numbers of three references who are not related to you and are not previous supervisors.

Name	Reason for Listing
Address	
Phone#	

Name	Reason for Listing
Address	
Phone#	

Name	Reason for Listing
Address	
Phone#	

**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): \_\_\_\_

---

---

\*\*\*\*\*

### **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.

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

---

Applicant signature

---

Date

**Return Application to:**

Cass County Extension Office  
C/O County Extension Director  
200 Court Park, Room 302  
Logansport, IN 46947  
574-753-7750  
crumc@purdue.edu