
Career Placement Service

North Central Weed Science Society

Type or print neatly

Position Available: _____

Agency, Firm, or University _____

Address _____

Title or Type of Position _____

Job Responsibilities _____

Date Available _____

Salary _____

Geographic Area _____

Office Location _____

% of Time Spent Traveling _____

Education Desired _____

Experience Desired _____

Personal Qualifications _____

Additional Remarks _____

Name of Person to Contact _____

Address _____

Phone Number _____

NCWSS Contact and Address _____

Instructions:

1. Check in at the NCWSS Career Placement Office as soon as possible to establish your local (conference) address and to check the message board for potential employees.
2. Your form will be forwarded to WSSA after the NCWSS unless requested otherwise.
3. Return completed form to: Robert A. Masters, Department of Agronomy, University of Nebraska, Lincoln, NE 68583-0915 or Fax to (402)472-4020