Revised 07-28-04

INSTRUCTIONS PRINT IN BLACK INK OR TYPE.

Answer each item completely and accurately. Incomplete answers on this application may

APPLICATION UPDATE Commonwealth of Kentucky **PERSONNEL CABINET** 200 Fair Oaks Lane, 5th Floor, Suite 517 Frankfort, Kentucky 40601

(502) 564-8030 Deaf/Hard of Hearing TTY (502) 564-4306 disqualify you or may cause AN EQUAL OPPORTUNITY EMPLOYER M/F/D

	POSITIONS DESIRED
TITLE	ANNOUNCEM

NUMBER

CLOSING DATE

	ays. Fa rejectio						http:	//personnel	.ky.gov					
	1:032).)II ()I	uisiiii	15541	NKS						TODAY'S I	DATE		
Soc	ial Seci	urity N	lo		- [_			∕ou a U.S. C e Phone No			ou a legal pe ork Phone No		ident? Yes ☐ No ☐
1.		Mr.		Ms.										
						La	st Name		First I	Name	Mi	ddle Name		Other Name (if any)
2.	Addre	ess		Stree	t, R.F.D	or Bo	x No		City		Stat	te.	Zip Code	County of Residence
3.	Date	of Rin	th·		.,			F-mail	address:				•	
0.	Date	0. 5		M	onth	Da	y Yea							
4.	Yes		No		Are yo	ou emp	loyed by Ke	entucky Stat	e Governme	nt? Title:			Age	ency:
5.	Yes		No	☐ Do you have a valid driver's license if required by the position for which you are applying? License #										
6.	Yes No Do you have a valid commercial driver's license (CDL) if required by the position for which you are applying? If yes, what class? What Endorsement?													
7.	Yes No Has your driver's license or CDL been revoked or suspended? If yes, please indicate period of suspension and reason													
8.	Yes No Have you ever been convicted of violating any law (omit minor traffic violations)? If yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020. Applicants for mental retardation facilities shall have a criminal records/background check per KRS 216.793.													
9. 10. 1.	Type List t	E: Ch of Wo the sp view, o	eck roork ecific or dec	Ful count line a	shift to I-Time ies whe	ere youer, your	Part-Tim	e	which rotate Interim [may specify		urs. See Per Interim y if willing to	rsonnel webs n/Summer ap o work in <u>a</u> l	oply directly to	-
2.	Teach	hers n	nust s	how s	ubject a	irea an	d certification	on rank. Yo	u must provi	se, certificate, or de a copy or veri	fication of th	ie license/ce	rtificate, suc	h as Police
					fession			Lic. Issue D		ice officer position rent Lic. Expiration				of Licensing Agency
	nse:													
							ficiently. ite proficier	ntly.						
13.	diplor		script; (3											ct: (1) GED certificate; (2) high school vs after hire/promotion or appointment
Enter Name and Address of School Belov		d			ites nded	Date of Gradua-	Number of Hours		Fields of Study		у	Degree, Diploma, or		
				F	rom	То	tion	Earned	Now Carrying	Major		Minor	Certificate Earned	
					n	no/yr	mo/yr	mo/yr	*** **	*** **				Degree:
					n	no/yr	mo/yr	mo/yr	*** **	*** **				Degree:

^{**} Please indicate if college hours are semester or quarter OR ***indicate number of vocational/technical school clock hours.

NAME: SSN:	DATE:						
 EMPLOYMENT HISTORY: List only those jobs held since your last apmost of your time first. 	oplication was submitted. When listing job duties, list those that took						
May we contact your present employer? YES NO If no	o, explain						
A. Mo. Day Yr. Mo. Day Yr. Employed From Title of Position Gr.	Job Duties: 1.						
Average hours worked per week Last Salary Reason for leaving	2. 3.						
Name of Employer Address	4.						
Type of Business Name & title of your supervisor	5.						
Phone: From To Number	6.						
Mo. Yr. Mo. Yr. Supervised I was a supervisor	7.						
B. Mo. Day Yr. Mo. Day Yr.	Job Duties:						
Employed From To Gr.	1.						
Average hours worked per week Starting Salary Last Salary	2						
Reason for leaving	3.						
Name of Employer Address	4.						
Type of Business	5.						
Name & title of your supervisor Phone:							
From To Number							
Mo. Yr. Mo. Yr. Supervised 7. I was a supervisor							
with or request applications from State Governmer							
- IMPORTANT - THIS SECTION MUST BE COMPLETED - 16. SIGNATURE - Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I will be dismissed and disqualified from future merit examinations. I hereby authorize the Personnel Cabinet and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Personnel Cabinet to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that state government is a drug free workplace and that substance abuse testing is required for certain classifications.							
Date Signature X							
The Commonwealth of Kentucky does not discriminate on the basis of race, color, religion, na status in the admission or access to, or participation or employment in, its programs or service political influence in employment in the classified service (KRS 18A.140). Information concern Cabinet.	es. Reasonable accommodation will be provided upon request. Kentucky law prohibits						
17. Information in this block is for statistical purposes and will be forwarded to	agencies for purposes of compliance with Equal Employment Opportunity						
requirements. SEX □ 0 White □ 2 Hispan	RACE						
	Pacific Islander 5 Other						