

APPLICATION FOR EMPLOYMENT
Commonwealth of Kentucky
PERSONNEL CABINET

200 Fair Oaks Lane, 5th Floor, Ste. 517
Frankfort, Kentucky 40601
(502) 564-8030
Deaf/Hard of Hearing TTY (502) 564-4306
AN EQUAL OPPORTUNITY EMPLOYER M/F/D

POSITIONS DESIRED

TITLE	ANNOUNCEMENT NUMBER
_____	_____
_____	_____
_____	_____

INSTRUCTIONS
PRINT IN BLACK INK OR TYPE. Answer each item completely and accurately. Incomplete answers may disqualify you for tests or may cause delays. False answers may lead to dismissal.

Social Security No. Home Phone No. _____ Today's Date _____
Work Phone No. _____ Salary Required _____

1. Mr. Ms. _____
Last Name First Name Middle Name Other Name (if any)

2. Address _____
Street, R.F.D., or Box No. City State Zip Code County

3. Date of Birth: _____ 4. Are you a U.S. citizen? Yes No
Month Day Year Are you a legal permanent resident? Yes No

5. Yes No Are you currently employed by Kentucky State Government?
Yes No Have you ever been employed by KY State Government? If yes, when? _____

6. Yes No Do you have a valid driver's license, if required by the position for which you are applying? License Number _____

7. Yes No Do you have a valid commercial driver's license (CDL) license if required by the position for which you are applying?
If yes, what class? _____ What endorsement? _____

8. Yes No Has your driver's license or CDL been revoked or suspended? If yes, please indicate period of suspension and reason _____

9. Yes No Have you ever been convicted of violating any law (omit minor traffic violations)? If yes please list conviction(s), date(s), and place(s).
Applicants for jobs in facilities contracted or operated for mental health or mental retardation purposes shall have a criminal records/
background check per KRS 216.793

NOTE: Conviction of a crime is not an automatic rejection of the application. The specific situation will be reviewed under KRS 335B.020.

10. Date available for work _____ Shift availability: Day Evening Night Rotating

11. Type of work desired: Full-Time Part-Time Interim* Summer*

***NOTE:** If you are seeking Interim or Summer work, please apply directly to the State Government Agency(ies) of interest.

12. Please name the specific county or counties where you are willing to work **OR** you may specify "statewide," but only if you are willing to accept work in **any** of the 120 counties. If you are not available, fail to interview, or decline a job offer, your name will be **removed** from the register for that job class for a period of six months. Listing of counties on this application supercedes all listings previously submitted.

13. **EDUCATION AND TRAINING:** For your benefit, please complete thoroughly and accurately and then provide **originals** of the following, if required: (1) GED certificate; (2) high school diploma or transcript; (3) vocational/technical school transcript; or (4) college transcript which contains an official seal and Registrar's signature.

Please indicate education completed. Grade School High School College Graduate School
Have you passed a G.E.D. Test? Yes No
Can you type? Yes No If yes, indicate words per minute.

School	Name and Address of School	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		From	To		Earned	Now Carrying	Major	Minor	
High School				mo/yr					Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>
Under Graduate College or University		mo/yr	mo/yr	mo/yr	**	**			Degree:
Graduate College or University		mo/yr	mo/yr	mo/yr	**	**			Degree:
Vocational, Business, Technical		mo/yr	mo/yr	mo/yr	***	***			Certificate:
Apprenticeship	Type:	mo/yr	mo/yr	Length:	Journeyman: Yes <input type="checkbox"/> No <input type="checkbox"/>		Must provide certificate		

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

14. EMPLOYMENT HISTORY: Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. **NOTE:** You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

May we contact your present employer? Yes No If no, explain _____

<p>A.</p> <p>Employed From <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">Mo.</td><td style="width: 20px;">Day</td><td style="width: 20px;">Yr.</td></tr></table> To <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">Mo.</td><td style="width: 20px;">Day</td><td style="width: 20px;">Yr.</td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p>Starting Salary _____</p> <p>Average hours per week <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>_____</p> <p>Type of Business _____</p> <p>Name & title of your supervisor _____</p> <p>_____ Phone: _____</p> <p>I was a Supervisor <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">From</td><td style="width: 20px;">To</td><td style="width: 20px;">Number</td></tr><tr><td style="width: 20px;">Mo.</td><td style="width: 20px;">Yr.</td><td style="width: 20px;">Supervised</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table></p>	Mo.	Day	Yr.	Mo.	Day	Yr.			From	To	Number	Mo.	Yr.	Supervised				<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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NOTE: Additional employment history sheets available upon request.

15. **LICENSES OR CERTIFICATES:** Please indicate if you have a license, certificate, or other authorization to practice a trade or profession. Teachers must show subject area and certification rank. You must provide a copy or verification of the license/certificate.

Name of Trade or Profession	Original Lic. Issue Date	Current Lic. Expiration Date	Name and Address of Licensing Agency
License:			
License:			

NAME: _____ SSN: _____ DATE: _____

16. PROFESSIONAL ORGANIZATIONS: Indicate current membership in professional organizations.

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES

17. CHARACTER REFERENCES: Other than relatives, former employers, or supervisors.

NAME	ADDRESS	PHONE NUMBER

18. Yes No Please indicate if you desire your application referred to other employers (such as Local Government, etc.) who list vacancies or request applications from State Government.

19. **TEST CENTERS:** Following is a list of test centers. Please check the box next to the center where you wish to take your Merit Test. Scheduling 14 days in advance is required for all centers except Frankfort. Regional Test Center schedules vary. You will be scheduled to take a Merit Test on the first possible date after receipt of your application. For more information call (502) 564-7602.

- Ashland Elizabethtown Hopkinsville Owensboro Pikeville
 Bowling Green Hazard Louisville Paducah Somerset

Frankfort -- No appointment is necessary. Report between 7:30 a.m. & noon on weekdays except holidays & 2nd Tuesday each month.

20. **DIRECTIONS FOR VETERAN'S PREFERENCE:** Honorably discharged Veterans (**including** honorably discharged, former and current members of KY Nat. Guard and U.S. Military Reserve) are eligible for 5 points Veteran's Preference. Disabled veterans, spouses of disabled veterans, unremarried spouses of deceased veterans, and parents of deceased or disabled veterans may be eligible for 10 points Veteran's Preference. If you obtain a passing merit score and wish to claim such preference, check the proper box below and submit with your application the required documents unless such proof has been previously submitted. As soon as we receive proper documentation, the points will be added to your merit scores.

<input type="checkbox"/> Former and Current Members of KY National Guard (18A.150) 1. Copy of Honorable Discharge papers (NGB 22) 2. Letter from Unit Administrator that reflects honorable status in KY National Guard.	<input type="checkbox"/> Disabled Veteran 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge. 2. Current statement from VA Benefit Rating Board showing that disability is service-connected.	<input type="checkbox"/> Spouse of Disabled Veteran 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge. 2. Current statement from VA Benefit Rating Board showing that spouse's present disability is service-connected. 3. Notarized statement that veteran's disability disqualifies him for positions along the general lines of his usual occupation.	<input type="checkbox"/> Unremarried Spouse of Deceased Veteran 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge. 2. Proof of spouse's death. 3. Notarized statement that spouse has not remarried.	<input type="checkbox"/> Parent of Deceased or Disabled Veteran 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge. 2. Proof of veteran's death while on active duty or proof that veteran's permanent and total disability is service-connected. 3. Notarized statement that the parent was totally or partially dependent on the veteran.
<input type="checkbox"/> Veteran (including former honorably discharged US Military Reservists) 1. Copy of Honorable Discharge or DD214 that reflects honorable discharge.				

Type of Discharge: Honorable _____ Other (Specify) _____ Date of Discharge _____

COMPLETION OF SECTION 21 IS VOLUNTARY

21. Information in this block is for statistical purposes and will be forwarded to agencies for purposes of compliance with Equal Employment Opportunity requirements. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> SEX Male <input type="checkbox"/> Female <input type="checkbox"/> </div> <div style="text-align: center;"> RACE ___ 0. - White ___ 1. - Black ___ 2. - Hispanic ___ 3. - Asian American ___ 4. - American Indian or Alaskan Native ___ 5. - Other </div> </div>
22. If you need special testing accommodations, please call (502) 564-4306 (voice/TTY). Completion of P-5 form is required.

— IMPORTANT - THIS SECTION MUST BE COMPLETED —

23. **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 any 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 any agency to which 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 the 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, national origin, sex, religion, age, or disability in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided upon request. Kentucky law prohibits political influence in employment in the classified service (KRS 18A. 140). Information concerning the provisions of the Americans with Disabilities Act is available from the Personnel Cabinet.

(CONTINUATION OF EMPLOYMENT HISTORY)

DIRECTIONS FOR EMPLOYMENT HISTORY: Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe each job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. NOTE: You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

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From	To	Number Supervised								
Mo. Yr.	Mo. Yr.									
<input type="text"/>	<input type="text"/>	<input type="text"/>								
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From	To	Number Supervised								
Mo. Yr.	Mo. Yr.									
<input type="text"/>	<input type="text"/>	<input type="text"/>								

Date: _____ Signature: _____
Social Security Number: _____

(CONTINUATION OF EMPLOYMENT HISTORY)

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Date: _____ Signature: _____
Social Security Number: _____