

**APPLICATION FOR EMPLOYMENT**

**POSITIONS DESIRED**

**INSTRUCTIONS**  
**PRINT IN BLACK INK OR TYPE**  
 Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays. False answers may lead to rejection or dismissal (KRS 18A:032).

Commonwealth of Kentucky  
**PERSONNEL CABINET**  
 State Office Building, 1<sup>st</sup> Floor  
 501 High Street  
 Frankfort, Kentucky 40601 (502) 564-8030  
 Deaf/Hard of Hearing TTY (502) 564-4306  
 AN EQUAL OPPORTUNITY EMPLOYER M/F/D  
 http://personnel.ky.gov

TITLE	ANNOUNCEMENT NUMBER	CLOSING DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social Security No.    -   -

Home Phone No. \_\_\_\_\_ Today's Date \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Salary Required \_\_\_\_\_

- Mr.  Ms. \_\_\_\_\_  
 Last Name First Name Middle Name Other Name (if any)
- Address \_\_\_\_\_  
 Street, R.F.D. or Box No. City State Zip Code County  
 E-mail Address if available \_\_\_\_\_
- 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  Currently employed by KY State Government? Previous employee of State Government, list dates. \_\_\_\_\_
6. Yes  No  Do you have a valid driver's license if required by the position for which you are applying? License # \_\_\_\_\_
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 Yes  No  Has your driver's license or CDL been revoked or suspended?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, 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 health or mental retardation facilities shall have a criminal records/background check per KRS 216.793.

10. Date available for work \_\_\_\_\_ Shift availability: Day  Evening  Night  Rotating   
 NOTE: Check rotating shift to be considered for job classes which rotate days and/or hours. See Personnel website for listing of classes.
11. Type of Work Full-Time  Part-Time  Interim  Summer  Interim/Summer apply directly to agency(ies) of interest.
12. List the specific counties where you desire to work. You may specify "statewide," only if willing to work in **any** of the 120 counties. If you fail to interview, or decline a job offer, your name will be **removed** from the register for that job class for a period of three months. Listing of counties on this application supercedes all listings previously submitted.

13. **EDUCATION/TRAINING:** Complete accurately and circle highest grade or year completed at all levels of school below. Provide **originals** of following, if required: (1) GED certificate; (2) high school diploma/ transcript; (3) vocational/technical school transcript; or (4) college transcript with an official seal & Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

Can you type? Yes  No  Words per minute: \_\_\_\_\_ Education completed: GED Yes  No  Year \_\_\_\_\_

Grade School Yes  No  Middle 6, 7, 8 High School 9, 10, 11, 12 College 1, 2, 3, 4 Graduate School 1, 2, 3, 4

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 of Program: 1 2 3 4 5	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.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

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 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><b>A.</b></p> <p>Employed From <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table> To <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: center;">Starting Salary _____</p> <p>Average hours worked per week <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p style="text-align: center;">Phone: _____</p> <p style="text-align: center;">From To Number Mo. Yr. Mo. Yr. Supervised</p> <p>I was a supervisor <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> _____</p>	Mo.	Day	Yr.	Mo.	Day	Yr.							<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/CERTIFICATIONS OR LANGUAGE PROFICIENCY:** If a license/certificate is required for a position you must provide a copy or verification before approval for placement on a merit register. Examples are Police Officer's Professional Standards (POPS) Certification for peace officers as outlined in 503 KAR 1:140 and KRS 15.382, a license to practice law, teacher certification, nurse license, etc.

a. I hold a current license or certification as indicated below and understand if placed on a register or hired, I must maintain a current license or certification or be subject to dismissal or removal from the merit register.

License or Certification Title & Number	Original Issue Date	Current Expiration Date	Name, Address & Phone of Licensing Agency

b. List additional languages you speak proficiently.			
c. List additional languages you read or write proficiently.			

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.

- |                                        |                                        |                                       |                                     |                                    |                                                                                                                                                                                                                         |
|----------------------------------------|----------------------------------------|---------------------------------------|-------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ashland       | <input type="checkbox"/> Eddyville     | <input type="checkbox"/> Hazard       | <input type="checkbox"/> Louisville | <input type="checkbox"/> Pikeville | <input type="checkbox"/> Frankfort Center open 7:30 a.m. Report for test by 1:30 p.m. in order to finish testing by the time test center closes at 3:45 p.m. NOTE: Test center closed holidays & Tuesdays of each week. |
| <input type="checkbox"/> Bowling Green | <input type="checkbox"/> Elizabethtown | <input type="checkbox"/> Hopkinsville | <input type="checkbox"/> Owensboro  | <input type="checkbox"/> Somerset  |                                                                                                                                                                                                                         |
|                                        | <input type="checkbox"/> Florence      |                                       |                                     |                                    |                                                                                                                                                                                                                         |

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 the required documents with your application unless such proof was previously submitted. Upon receipt of proper documentation, the points will be added to your merit score.

<input type="checkbox"/> <b>Former and Current Members of KY National Guard (18A.150)</b>  1. Copy of Honorable Discharge papers (NGB 22)  2. Letter from Unit Administrator that reflects honorable status in KY National Guard.	<input type="checkbox"/> <b>Veteran (including former honorably discharged US Military Reservists) / Disabled Veteran</b>  1. Copy of Honorable Discharge or DD214 that reflects honorable discharge.  2. Current statement (dated within the last 90 days) from VA Benefit Rating Board showing that disability is service-connected	<input type="checkbox"/> <b>Spouse of Disabled Veteran</b>  1. Copy of Honorable Discharge or DD214 that reflects honorable discharge.  2. Current statement (dated within the last 90 days) 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"/> <b>Unremarried Spouse of Deceased Veteran</b>  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"/> <b>Parent of Deceased or Disabled Veteran</b>  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.
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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.

- |                               |                                 |                                                         |                                                                 |                                                                         |
|-------------------------------|---------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| SEX                           |                                 | RACE                                                    |                                                                 |                                                                         |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="checkbox"/> 0. - White                     | <input type="checkbox"/> 3. - Asian                             | <input type="checkbox"/> 6. - Native Hawaiian or other Pacific Islander |
|                               |                                 | <input type="checkbox"/> 1. - Black or African American | <input type="checkbox"/> 4. - American Indian or Alaskan Native | <input type="checkbox"/> 7. - Two or more races                         |
|                               |                                 | <input type="checkbox"/> 2. - Hispanic or Latino        | <input type="checkbox"/> 5. - Other                             |                                                                         |

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/TERMS OF AGREEMENT** - I certify the information given in this application is accurate and complete. I understand should an investigation at any time show falsification, to include omission, I will not be considered for employment, or if employed, I may be dismissed and disqualified from future merit employment. I authorize the Personnel Cabinet and agencies to which I am certified/referred to conduct all necessary investigations concerning, but not limited to, my work habits, character and education. I understand a background check may be conducted before any appointment or throughout my tenure if I am selected for state employment. I understand that state government is a drug free workplace and substance abuse testing may be required. I certify that upon employment I will remain drug free.

I understand pursuant to KRS 18A.032 and 18A.990, it is illegal to falsify education and experience on an application. I further understand that by submission of this application, I am attesting that I meet the minimum requirements for the indicated position.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

The Commonwealth of Kentucky does not discriminate on the basis of race, color, national origin, sex, age, religion, veteran status or disability in employment or the provisions of 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)

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<p><b>H.</b></p> <p>Employed From <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table> To <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: center;">Starting Salary _____</p> <p>Average hours worked per week <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p style="text-align: center;">Phone: _____</p> <p style="text-align: center;">From To Number</p> <p style="text-align: center;">Mo. Yr. Mo. Yr. Supervised</p> <p>I was a supervisor <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> _____</p>	Mo.	Day	Yr.	Mo.	Day	Yr.							<p><b>Job Duties:</b></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>
Mo.	Day	Yr.											
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<p><b>I.</b></p> <p>Employed From <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table> To <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: center;">Starting Salary _____</p> <p>Average hours worked per week <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p style="text-align: center;">Phone: _____</p> <p style="text-align: center;">From To Number</p> <p style="text-align: center;">Mo. Yr. Mo. Yr. Supervised</p> <p>I was a supervisor <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> _____</p>	Mo.	Day	Yr.	Mo.	Day	Yr.							<p><b>Job Duties:</b></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>
Mo.	Day	Yr.											
Mo.	Day	Yr.											

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

(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.

<p>J.</p> <p>Employed From <span style="margin-left: 20px;">Mo. Day Yr.</span> To <span style="margin-left: 20px;">Mo. Day Yr.</span></p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: center;">Starting Salary _____</p> <p>Average hours worked per week <span style="margin-left: 20px;">Last Salary _____</span></p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p style="text-align: center;">Phone: _____</p> <p style="text-align: center;">From To Number Supervised</p> <p style="text-align: center;">Mo. Yr. Mo. Yr.</p> <p>I was a supervisor <span style="margin-left: 20px;">_____</span> <span style="margin-left: 20px;">_____</span> _____</p>	<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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