



Application for Employment Commonwealth of Kentucky Personnel Cabinet

501 High Street, Frankfort, KY 40601
(502) 564-8030 / <http://personnel.ky.gov>

Personal Information

| | | | |
|-----------------|-------|----------------|-------|
| Last Name: | _____ | PERNR: | _____ |
| First Name: | _____ | Middle Name: | _____ |
| Contact Email: | _____ | | |
| Address Line 1: | _____ | Date of Birth: | _____ |
| Address Line 2: | _____ | Home Phone: | _____ |
| City: | _____ | State: | _____ |
| | | Zip: | _____ |

Education

| | |
|-----------------------------|---|
| Education Completed: | _____ (select one) |
| Graduation Date: | _____ |
| Full name of school: | _____ |
| Higher Education Completed: | _____ (select one) |
| Graduation Date: | _____ |
| Full name of school: | _____ |
| Major area(s) of study: | _____ |
| College hours earned: | _____ <input type="checkbox"/> semester hours /or/ <input type="checkbox"/> quarter hours |
| Higher Education Completed: | _____ (select one) |
| Graduation Date: | _____ |
| Full name of school: | _____ |
| Major area(s) of study: | _____ |
| College hours earned: | _____ <input type="checkbox"/> semester hours /or/ <input type="checkbox"/> quarter hours |

Original documentation (diploma/GED/college transcripts with official seal and registrar's signature) must be verified if appointed.

Driver's License

| | |
|--|---|
| Do you have a valid driver's license? | _____ (select one) |
| Do you have a valid commercial driver's (CDL) license? | _____ (select one) |
| -If yes, check all that apply: | <input type="checkbox"/> CDL-A, <input type="checkbox"/> CDL-B, <input type="checkbox"/> CDL-X, <input type="checkbox"/> Tanker Endorsement, <input type="checkbox"/> None of the above |

Occupational License/Certification

| | | | |
|-----------------------------|-------|------------------|-------|
| Issuing Organization: | _____ | | |
| Original issue date | _____ | Expiration date: | _____ |
| License/Certification Type: | _____ | | |
| License Number: | _____ | | |

If a license is required for a position and you are appointed, it must be verified. All license must remain current, if required for a position.

Work Experience

Critical- It is important to provide as much detail as possible when describing your job duties. They, along with other answers on the application, are how your qualifications for a job are determined.

You will receive partial or no credit if your application reflects incomplete or conflicting information.

| |
|---|
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |
| <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Employed from: ____ (month/year) - to ____ (month/year)</p> <p>Duties (list those that took the greatest amount of time first):</p> |

Job title: _____

Name of employer: _____

Employed from: _____ (month/year) - to _____ (month/year)

Duties (list those that took the greatest amount of time first):

Special Training/Development/Skills or Abilities

List any special training/development/skills or abilities not included on this application.

Certification

I certify the information given is accurate and complete. I understand pursuant to KRS 18A.032 and 18A.990, it is illegal to falsify information in the application process. 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 investigation 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.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

My submission is the equivalent of my written signature for legal purposes, pursuant to KRS 369.107.

Applicant Signature

Submission Date

It is the policy of the Commonwealth of Kentucky that no applicant for employment or employee will be subject to harassment or discrimination because of race, color, religion, sex, national origin, sexual orientation or gender identity, ancestry, age, disability, political affiliation, genetic information, or veteran status.

