



# Application For Employment

**KCTCS is an Equal Opportunity/Affirmative Action Employer and has an affirmative duty to reasonably accommodate otherwise qualified individuals with a disability.**

*(Please Print or Type)*  
*Use blue or black ink*

Date of Application \_\_\_\_\_

Position Applied For \_\_\_\_\_

Salary Desired \_\_\_\_\_ Minimum Acceptable Salary \_\_\_\_\_

How did you hear of us? \_\_\_\_\_  
(Radio, TV, Newspaper, or Other)

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number Street City County State ZIP Code

Telephone ( ) \_\_\_\_\_ Last Four Digits of Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Have you filed an application with KCTCS before?  Yes Date(s) \_\_\_\_\_  No

Have you ever been employed by KCTCS previously?  Yes  No  
If yes, please provide the following:

Name \_\_\_\_\_ Date(s) employed \_\_\_\_\_ College/Office \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  
 Yes  No

Does your citizenship or immigration status lawfully allow you to be employed in this country?  
(Proof of citizenship or immigration status will be required upon employment.)  Yes  No

On what date would you be available for work? \_\_\_\_\_

**(Circle response)**

Time Basis You Would Accept - Full-time Part-time Temporary

Shifts You Would Accept - Days Nights Evenings Weekends On Call

# EMPLOYMENT HISTORY

Starting with the **most recent** position, list below the names of ALL former employer(s) for the last 15 years. If you had more than one position with the same employer, list each separately. Include military service assignments and volunteer activities. Exclude volunteer activities or organizations, and/or statements, which indicate race, color, religion, sex, national origin, or disability.

**Are you attaching a copy of your resume as part of your application?**  Yes  No

Employment Data	Responsibilities and Accomplishments
<b>(1) Employer</b>	
Address	
Phone	
Job Title	
Full-Time or Part-Time      Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

Employment Data	Responsibilities and Accomplishments
<b>(2) Employer</b>	
Address	
Phone	
Job Title	
Full-Time or Part-Time      Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

Employment Data	Responsibilities and Accomplishments
<b>(3) Employer</b>	
Address	
Phone	
Job Title	
Full-Time or Part-Time      Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

# EMPLOYMENT HISTORY (Continued)

## Employment Data

## Responsibilities and Accomplishments

<b>(4) Employer</b>	
Address	
Phone	
Job Title	
Full-Time or Part-Time      Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

## Employment Data

## Responsibilities and Accomplishments

<b>(5) Employer</b>	
Address	
Phone	
Job Title	
Full-Time or Part-Time      Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

## Employment Data

## Responsibilities and Accomplishments

<b>(6) Employer</b>	
Address	
Phone	
Job Title	
Full-Time or Part-Time      Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

# Special Qualifications and Skills

Type of License, Registration Number or Certification	State or Licensing Authority	Expiration Date

What machines and/or equipment can you operate? \_\_\_\_\_

Computer equipment, software or word processing packages used? \_\_\_\_\_

Do you have a valid driver's license?  Yes Expiration date: \_\_\_\_\_  No

Do you currently operate a licensed motorized vehicle?  Yes  No

# Education and Training

Schools	Print Name, Number & Street City, State, Zip Code for each	Dates Attended	Type of Courses Major-Minor	Credits Earned	Degree Obtained
High School or G.E.D.					
College					
College					
Graduate School					
Technical School					
Trade, Business, Night or other.					
Apprenticeship	Type: _____			Length: _____	

Honors Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# References

List three professional references not related to you.

Name	Address	Telephone

**FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT.**

Have you ever been convicted of a felony?  Yes  No

If yes, please explain giving dates, location(s), and complete name at the time. \_\_\_\_\_  
 \_\_\_\_\_

For employees related by blood or marriage to work at the Kentucky Community and Technical College System in the same department or division, we require specific approval of the Chancellor or KCTCS President as appropriate. Also, in most cases where we employ you and a person related to you by blood or marriage, neither of you can have supervisory or line authority over the other.

Do you have any relatives employed by the KCTCS?  Yes  No

If yes, provide the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

College Employed by \_\_\_\_\_ Job Title \_\_\_\_\_

***KRS 164.600(8) states that "no citizen member of the board of directors shall be a relative of any employee of the community college under its jurisdiction."***

## AGREEMENT

I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS AND/OR OMISSION IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THE APPLICATION, OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE.

I AUTHORIZE THE KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM (KCTCS) TO MAKE ANY AND ALL-NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN, INCLUDING CRIMINAL RECORDS, EDUCATIONAL CREDENTIALS AND WORK EXPERIENCE CHECKS. REFERENCES OBTAINED ARE DONE SO IN CONFIDENCE AND I UNDERSTAND THAT MY RIGHTS TO REVIEW ANY REFERENCE MATERIAL IS WAIVED.

I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO ENROLL AND PARTICIPATE IN AN APPROPRIATE K.C.T.C.S. RETIREMENT PLAN IMMEDIATELY FROM POINT OF EMPLOYMENT IN A REGULAR STATUS POSITION – FAILURE TO DO SO SHALL RESULT IN TERMINATION OF EMPLOYMENT.

PRIOR TO EMPLOYMENT, I MUST PROVIDE INFORMATION RELATED TO IDENTITY AND EMPLOYABILITY. FAILURE TO PROVIDE APPROPRIATE DOCUMENTATION FOR VERIFICATION OF EMPLOYMENT ELIGIBILITY SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT AND/OR ANY OFFER OF EMPLOYMENT.

I UNDERSTAND THAT KCTCS POLICY PROVIDES ALL NEWLY HIRED EMPLOYEES WITH A SIX-MONTH INTRODUCTORY PERIOD (NOT INCLUDING TIME OFF WORK) THAT GIVES THE EMPLOYEE AND EMPLOYER AN OPPORTUNITY TO MUTUALLY DECIDE WHETHER OR NOT THE FUNCTIONS AND RESPONSIBILITIES OF THE NEW POSITION ARE A SATISFACTORY FIT WITH THE TALENTS AND SKILLS THE NEW EMPLOYEE BRINGS TO KCTCS. I FURTHER UNDERSTAND AND AGREE THAT DURING THIS INITIAL SIX-MONTH PERIOD I MAY DECIDE TO TERMINATE THE EMPLOYMENT RELATIONSHIP WITH NO CAUSE OR EXPLANATION REQUIRED, AND I UNDERSTAND THAT KCTCS HAS THAT SAME RIGHT. ONCE I HAVE SUCCESSFULLY COMPLETED THE INTRODUCTORY PERIOD, I SHALL BE CONSIDERED BY KCTCS TO HAVE EARNED **CONTINUED EMPLOYMENT STATUS** AS DEFINED BY KCTCS POLICY NO. 2.18.7.1.

**Signature of Applicant**

**Date**

# Applicant Data Record

## Voluntary Disclosure Statement

*Information obtained will not be part of your application or your official personnel records and will be kept separate and will be considered confidential.*

Compliance with this request is consistent with Federal, State, and Kentucky Community and Technical College System (KCTCS) Equal Employment Opportunity / Affirmative Action Policies. Completion of this form is *voluntary*. However, your cooperation will enable KCTCS to meet its obligations under applicable regulations. Refusal to provide information will not subject you to adverse treatment.

In the event you do not complete this form, visual observation or other appropriate means will determine the requested information. For the purpose of this race/ethnic group/sex survey, an employee or applicant may be included in the group he or she appears to belong, identifies with, or is regarded in the community as belonging to. However, no person should be counted in more than one race/ethnic group.

Name \_\_\_\_\_ Date \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_ Position Applied for \_\_\_\_\_

**Ethnic Background (Check appropriate space):**

- White (not Hispanic) - European, North American, or Middle Eastern origin
- Black – African-American or African origin
- American Indian or Alaskan Native
- Hispanic – Mexican, Puerto Rican, Cuban, Central or South American origin
- Asian or Pacific Islander – Japanese, Chinese, Korean, Indian Sub-Continent, or Pacific Islander origin

**Sex**     Female                       Male

**Military Service**  
Vietnam Era Veteran                       Yes     No

***Thank you for assisting KCTCS in its efforts to comply with applicable regulations and fulfill the goals of our equal employment practices and policies.***