AOC-001-3 Rev. 12-08



APPLICATION FOR EMPLOYMENT Court of Justice www.courts.ky.gov An Equal Opportunity Employer

Post ID – Job Title Name-Location for which you are applying

Accommodations are available for applicants with disabilities in all phases of the application and employment process. To request an accommodation please contact the ADA Coordinator at 502-573-2350 or ADACoordinator@kycourts.net.

Resumes without a completed application will not be considered.

Personal Information	
Last Name First Name (lega	al name)Middle Name Preferred Name
Street/Rural Route /PO Box Apt. Ste of Home County	or Apt. Box # City State Zip Code (zip last 4 digits) Primary Phone
Email Address	
	Driver's License No
	hired, could you provide documentation that you are
Commonwealth Employment Status	
	der the Kentucky Retirement System (e.g. KRS, CERS, KTRS) Last Year of Employment
(If multiple agencies, list most re- Branch/Agency Department Years of service If currently employed, are you se	yed by an agency under the Kentucky Retirement System cent agency below) Last Year of Employment Are you currently employed by this agency? erving a disciplinary probation? an agency under the Kentucky Retirement System
Certifications	
1. Date Certified Dat	e Expiration Certification Number Licensing Agency
Agency Address and Telephone Numb	er
2. Date Certified Dat Profession	e Expiration Certification Number Licensing Agency
Agency Address and Telephone Numb	per
Criminal History	
Failure to disclose any convictions shall A conviction is the act or process of judic	I result in an automatic rejection of application and any offer of employment. ially finding someone guilty of a crime; the state of having been proven guilty. It traffic violations. A conviction is not an automatic rejection. Specifics will be
1. Date Convicted State Co	
2. Date Convicted State Co	
3. Date Convicted State Co	nvicted

Education – Any certifications/degrees may be request	ted at any time through the hiring process.						
I have graduated high school I have a GED.							
High School Name and Address or GED certification location	address						
College/University/Vocational/MilitaryName							
Address							
Degree Name	rype or Degree						
MajorToTo	Date Earned Hours Corning						
Date Attended FromTo	Hours CompletedHours Carrying						
College/University/Vocational/MilitaryNameAddress							
Degree Name	Type of Degree						
Major	Date Earned						
MajorToTo	Hours CompletedHours Carrying						
College/University/Vocational/MilitaryName Address							
Degree Name	Type of Degree_						
Major	Date Earned						
Date Attended FromTo	Hours CompletedHours Carrying						
Employment							
List the most recent employment history first. Military experie	ence may be listed in this section.						
1. Date From Date To ()Current I	Employer Name						
Employer Address							
Employer Phone	Supervisor's Name						
Supervisor's email	Average Hours Per Week						
Supervisor's emailLast SalaryLast Salary	Reason for Leaving						
Number of persons you supervised	JOD TITLE						
Duties							
2. Date From Date To ()Current I	Employer Name						
Employer Address	Suponipor's Name						
Employer Phone	Supervisor's Name Average Hours Per Week						
Supervisor's emailLast Salary	Reason for Leaving						
Number of persons you supervised	Reason for Leaving						
	Job Title						
Duties							
3. Date From Date To ()Current I	Employer Name						
Employer Address							
Employer Phone	Supervisor's Name						
Supervisor's email	Average Hours Per Week						
Supervisor's emailLast Salary	Reason for Leaving						
Number of persons you supervised	Job Title						
Duties							

4.				Name			
	Employer Address						
	Employer Phone			Supervisor's Name			
	Supervisor's email	<u>-</u> -		Average Hours Per Week			
	Starting Salary	La	ast Salary	Reason for Leaving			
	Number of persons yo			Job Title			
	Duties						
5.	Date From Date To ()Current Employer Name						
	Employer Address						
	Employer Phone			Supervisor's Name			
	Supervisor's email			Average Hours Per Week			
	Starting Salary	La	ast Salary	Reason for Leaving			
	Number of persons yo			Job Title			
	Duties						
6	Date From	Date To	()Current Employer	Name			
٥.			()ourrent Employer				
	Employer Phone		· · · · · · · · · · · · · · · · · · ·	Supervisor's Name			
	Supervisor's amail			Average Hours Per Week			
	Starting Salany		ast Salary				
	Number of persons ve	Lc	ist Salary	Reason for Leaving			
	Number of persons yo			Job Title			
	Dulles						
F	Related Information						
	u may add any informat	ion in this soction	rolated to professional are	anizations, related experience, languages you can			
				ction may be used for preferred selection of quali-			
		•		, any titles held, and duties of the positions held.			
		•	-				
1.							
	Details						
2.	Date From D	ate To					
	Details						
3	Date From D	ate To					
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<u></u>			Third ShiftAny Sh				
CO	unities desired for WOIK	iocations					
							

F	References						
Ple	ase list at leas	st 3 references o	ther than relatives and for	mer sup	ervisors	3.	
1.							
••	Last Name	First Name	Email Address		Р	hone	
	Street/Rural	Route /PO Box	Apt. Ste or Apt. Box #	City	State	Zip Code	(zip last 4 digits)
2.							
	Last Name	First Name	Email Address		Р	hone	
0	Street/Rural	Route /PO Box	Apt. Ste or Apt. Box #	City	State	Zip Code	(zip last 4 digits)
3.	Last Name	First Name	Email Address		Р	hone	
	Street/Rural	Route /PO Box	Apt. Ste or Apt. Box #	City	State	Zip Code	(zip last 4 digits)
5	Statistics						
of sta Sta The law fed Ra ———————————————————————————————————	civil rights law tistics. Submis e information vs, executive of eral government ce/EthnicityWhiteOtherF	s and regulation ssion of this infor obtained will be orders, and regulent for civil rights Black or African Native Hawaiian	s. In order to comply with mation is voluntary and rekept confidential and may ations, including those the enforcement. AmericanHispanic or other Pacific Islander	these I fusal to y only be at require or Latino Tw	aws, we provide e used in the inf	e invite app it will not s in accordar formation to asian re races Highest [ng requirements for the administration of the second secon
sho dis cor received this real	ould an investi- missed and di ncerning me, eive my acade ployer (includ of enforcement a application. I	gation at any timesqualified from early future work, emic records or coing COJ, if apple agencies) to produce the certify that I cammodations. I commodations are	e show any falsification, I nemployment. I hereby auth habits, character, or my other material pertinent to ricable), person given as ovide all (including COJ, if	may not norize the action in action in action in actions in actions	be consider Court in any transfer fications ence, eduble) information of the p	idered for e of Justice ransaction. s, and furthe lucational i ormation the	est of my knowledge. I am aware that employment or, if employed, I may be to make all necessary investigations. I authorize the Court of Justice to the reauthorize and request each forme institution, or organization (including at may be sought in connection with which I am applying, with or without is application.