

*(type or print in black ink)*

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Have you EVER been previously employed by the University of Kentucky?

Yes     No

If yes, please give full name under which you were employed, date(s) of employment and department:

Name any relatives now employed by the University (relationship and department)

If you are NOT a U.S. Citizen, do you have the necessary immigration permission and documentation to work in the U.S.

Permanently?     Yes     No

Temporarily?     Yes     No    Visa type: \_\_\_\_\_

### Education

*Please list all education completed—beginning with grade school.*

School	City/State	Grade completed	Major/Area Degree	Year graduated or completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list licenses and certifications (driver's, CDL, teaching, nursing, CPA, vocational, etc.) you possess, include state where issued and expiration date.

Professional license/certification	Registration number	State or licensing authority	Expiration date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*The University of Kentucky Cooperative Extension Service is an equal opportunity employer and application will be accepted without regard to race, color, age, sex, religion, disability, or national origin.*

# Employment History

Starting with the most recent position, list below the names of your former employer(s) (including military). If you had more than one position with the same employer, list each separately. A resume may be substituted only for the description of duties. All other questions must be completed.

**Complete a section for each position held—add additional sheet(s) if needed.**

### Employment Data

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Kind of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Start Date: Month \_\_\_\_\_ Year \_\_\_\_\_ End Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_

Full-time  Part-time  Hours per week \_\_\_\_\_ Last Salary \_\_\_\_\_

Description of Job Duties

Reason for leaving

### Employment Data

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Kind of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Start Date: Month \_\_\_\_\_ Year \_\_\_\_\_ End Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_

Full-time  Part-time  Hours per week \_\_\_\_\_ Last Salary \_\_\_\_\_

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Kind of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Start Date: Month \_\_\_\_\_ Year \_\_\_\_\_ End Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_

Full-time  Part-time  Hours per week \_\_\_\_\_ Last Salary \_\_\_\_\_

Description of Job Duties

Reason for leaving

May we contact your present employer for a work reference?  Yes  No

Have you ever been discharged from any position?  Yes  No

If yes, why?

## Authorization Form

List below the names, phone numbers and title/relationship of three professional references who would be able to address your work habits, skills, and abilities.

1. \_\_\_\_\_ Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_
2. \_\_\_\_\_ Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_
3. \_\_\_\_\_ Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Have you ever been convicted, imprisoned, or fined for any violation, including driving under the influence (DUI), other than traffic laws?

Yes  No

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

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application will be sufficient grounds for rejection of the application, or termination of employment without notice. I authorize the University to make any and all necessary and appropriate investigations to verify the information contained herein, including criminal records, educational credential, and work experience checks. References obtained are done so in confidence and I understand that my rights to view any reference material are waived. I understand that I will be required to enroll and participate in the University's retirement plan as of my attainment of age 30. Failure to do so will result in termination of employment. I also understand that prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility will result in immediate termination of employment and/or offer of employment.

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

## Voluntary Self Disclosure Statement

The University of Kentucky is required by state and federal laws to furnish statistical data and maintain records of certain population characteristics of those applying for jobs. The information you supply is voluntary and will be used to assist UK in meeting its obligation to federal, state and equal opportunity/affirmative action requirements. This information will be separated from this form and not be considered part of your application.

- Male       American Indian/Alaskan Native     African American     Asian/Pacific Islander  
 Female       Caucasian     Hispanic     Other       Not Disclosed