

# Application For Temporary or Student 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 \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Preferred

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

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

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

Have you ever been employed by this college or another KCTCS college?  Yes  No  
 If yes, please provide the following:

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

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 If no, state type of Visa: \_\_\_\_\_

Student Status:  Full-time  Part-time Number of hours: \_\_\_\_\_

Classification:  FR  SOPH  Non-Degree

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Anticipated Graduation/Completion date: \_\_\_\_\_

**(Circle response)** Shifts you would accept - Days Nights Evenings Weekends On Call

Total number of hours you would like to work per week: \_\_\_\_\_

Indicate the hours you are **available** to work below.

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

## References

List three references not related to you.

Name	Address	Telephone

**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 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."**

## Education and Training (Attach a page or resume if additional space is needed.)

Credentials	Print Name, Number & Street City, State, Zip Code for each	Dates Attended	Type of Courses Major-Minor	Credits Earned	Degree or Credential Obtained
High School/ G.E.D./ Certificate					
Postsecondary / College					

## Employment History

Starting with the **most recent** position, list below any previous employers, including volunteer work. (Attach a page or resume if additional space is needed.)

Employment Data				Employment Data			
<b>(1) Employer</b>				<b>(3) Employer</b>			
Job Title				Job Title			
Full-Time or Part-Time (circle one)	Hours per week	Salary	wk/hr	Full-Time or Part-Time (circle one)	Hours per week	Salary	wk/hr
Dates Employed				Dates Employed			
<b>(2) Employer</b>				<b>(4) Employer</b>			
Job Title				Job Title			
Full-Time or Part-Time (circle one)	Hours per week	Salary	wk/hr	Full-Time or Part-Time (circle one)	Hours per week	Salary	wk/hr
Dates Employed				Dates Employed			

Have you ever been discharged from any position? \_\_\_\_\_ If so, why? \_\_\_\_\_

Special licenses, certificates, or foreign languages: \_\_\_\_\_

Check the following computer skills and office equipment in which you are comfortable utilizing:

- MS Word  
  Excel  
  Access  
  PowerPoint  
  Internet/html  
  MS Outlook  
  PageMaker  
 Typewriter  
  Fax machine  
  Xerox  
  Scanner

**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 full name at the time: \_\_\_\_\_

### 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.

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.

**Signature of Applicant**

**Date**

