



**APPLICATION FOR EMPLOYMENT**  
**Commonwealth of Kentucky**  
**Legislative Research Commission**

Capitol Annex, 702 Capitol Avenue  
 Frankfort, Kentucky 40601 (502) 564-8100  
 Deaf/Hard of Hearing TTY (800) 896-0305  
 AN EQUAL OPPORTUNITY EMPLOYER M/F/D

<https://legislature.ky.gov>

NOTE: Complete this application form, as resumes are not considered official.

**Please download this form and fill it with Adobe Reader or any other PDF reader capable of saving the filled information. Filling out this form in a web browser may prevent you from saving your work.**

**Personal Information**

<b>Date of Application</b>		<b>SSN</b>		<b>Position Applying for</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix</b>	<b>Preferred Name</b>	<b>Maiden Name</b>
Street address/rural route/PO Box		Apt #	City	State	
Zip code			Home county	Email address	
Home Phone		Cell Phone		Work Phone	

Are you a U. S. citizen?		Are you a legal permanent resident?	
If no, then United States work visa type?		Work visa expiration date	
Are you retired from Kentucky state government		If so, when did you retire (mm/yyyy)	
Do you have a valid driver's license?		If yes, current expiration date:	If yes, what state?
Do you have a valid commercial driver's license (CDL)?		If yes, what class?	
		If yes, current expiration date:	If yes, what endorsement?

**Work Availability**

Type of work: Full Time      Part Time      Session

**Active Duty Status**

Are you currently serving in the military or subject to activation		If yes, indicate your status and any duty obligations	
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**Education**

Do you have a high school diploma or GED?		Date earned (mm/yyyy)		If no, highest grade completed	
Name of high school or GED site					
City, state, and zip code					

**Higher Education**

Name of most recent college or university (1)			
City, state and zip code			
Degree earned, if awarded		Date earned (mm/yyyy)	
Major(s)		Minor(s)	
Number of hours earned			

Name of next most recent college or university (2)			
City, state and zip code			
Degree earned, if awarded		Date earned (mm/yyyy)	
Major(s)		Minor(s)	
Number of hours earned			

Name of next most recent college or university (3)			
City, state and zip code			
Degree earned, if awarded		Date earned (mm/yyyy)	
Major(s)		Minor(s)	
Number of hours earned			

Name of next most recent college or university (4)			
City, state and zip code			
Degree earned, if awarded		Date earned (mm/yyyy)	
Major(s)		Minor(s)	
Number of hours earned			

### Vocational / Technical / Business Education and / or Training

Name of most recent instructional institution (1)			
City, state and zip code			
Degree, certificate or diploma earned, if awarded		Date earned (mm/yyyy)	
Area(s) of study		Number of hours earned	

Name of next most recent instructional institution (2)			
City, state and zip code			
Degree, certificate or diploma earned, if awarded		Date earned (mm/yyyy)	
Area(s) of study		Number of hours earned	

### Apprenticeship

Type (1)		Name and address of apprenticeship	
Date completed		Length of program	
Type (2)		Name and address of apprenticeship	
Date completed		Length of program	

### Occupational Licenses / Certifications

Information provided below must remain current if a license/certification is required for a position.

KY license or certification title (1)		KY license number	
Original issue date		Current expiration date	
Name, address and phone of licensing agency			
License information			
License or certification title (2)		License number	
Original issue date		Current expiration date	
Name, city, state and phone number of licensing agency			
License information			
Other information			

## Employment History

Please list your CURRENT/MOST RECENT position held followed by previous work histories ending with your first position and provide as much detail as possible. If you changed position within the same organization and your duties changed, describe each job in a separate block. Be sure to complete each blank in this section thoroughly and accurately as changes, you wish to make after submitting this application, must be verified by the employer. If your application reflects incomplete or conflicting information (including employment dates and average hours), you will receive partial or no credit for that job.

May we contact your present employer?		If no, please explain		Salary required	
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### Current/Most Recent Employment Experience (If no previous work history enter any volunteer experience or "N/A" for not applicable) (1)

Title of position				Duties (list those that took the most of your time first)
Employed from		Employed to		
Average hours/week				
Reason for leaving				
Name of employer				
Type of business				
Employer's phone number				
Supervisor's name, title and phone number				
Were you a supervisor?				
Supervised from		Supervised to		
If so, how many did you supervise?				

### Next Work Experience (2)

Title of position				Duties (List those that took the most of your time first)
Employed from		Employed to		
Average hours/week				
Reason for leaving				
Name of employer				
Type of business				
Employer's phone number				
Supervisor's name, title and phone number				
Were you a supervisor?				
Supervised from		Supervised to		
If so, how many did you supervise?				

### Next Work Experience (3)

Title of position				Duties (List those that took the most of your time first)
Employed from		Employed to		
Average hours/week				
Reason for leaving				
Name of employer				
Type of business				
Employer's phone number				
Supervisor's name, title and phone number				
Were you a supervisor?				
Supervised from		Supervised to		
If so, how many did you supervise?				

**Next Work Experience (4)**

Title of position				Duties (List those that took the most of your time first)
Employed from		Employed to		
Average hours/week				
Reason for leaving				
Name of employer				
Type of business				
Employer's phone number				
Supervisor's name, title and phone number				
Were you a supervisor?				
Supervised from		Supervised to		
If so, how many did you supervise?				

**Next Work Experience (5)**

Title of position				Duties (List those that took the most of your time first)
Employed from		Employed to		
Average hours/week				
Reason for leaving				
Name of employer				
Type of business				
Employer's phone number				
Supervisor's name, title and phone number				
Were you a supervisor?				
Supervised from		Supervised to		
If so, how many did you supervise?				

List any other education, training, licenses or work experience not disclosed above in the section below.

**Professional Organizations:** Indicate Current Membership In Professional Organizations

List any professional organizations, your title and date when membership expires:

**Additional Languages**

List Additional Languages That You Speak Proficiently		List Additional Languages That You Read or Write Proficiently	
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**Character References:** Other Than Relatives Or Former Supervisors

Name of reference		Phone number and/or email	
Name of reference		Phone number and/or email	
Name of reference		Phone number and/or email	

**Application Referral**

Can we refer your application?	
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I certify the information given in this application is accurate and complete. I understand should an investigation at any time show falsification, to include omission, I will not be considered for LRC employment, or if employed, I may be dismissed and disqualified from future LRC employment. I authorize the LRC to conduct all necessary investigations 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 LRC employment. I understand that LRC is a drug free workplace and substance abuse testing may be required. I certify that upon employment I will remain drug free.

I understand it is illegal to falsify education and experience on an application. I further understand that by submission of this application, I am attesting that I meet the minimum requirements for the indicated position.

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

Electronic Signature	
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