

# 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**



**AGREEMENT, AUTHORIZATION, AND CONSENT  
FOR RELEASE OF BACKGROUND INFORMATION**

Date: \_\_\_\_\_

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

I, *(Please Print)* \_\_\_\_\_, understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention (“Work”), **Kentucky Community & Technical College System (KCTCS)** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, general reputation, personal characteristics, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Kentucky Community & Technical College System. Kentucky Community & Technical College System uses General Information Services, Inc. (“GIS”)**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**GIS** will utilize various sources of information it deems appropriate, including but not limited to: criminal conviction records, professional licenses and credentials, current and former employers, department of motor vehicle records, military records, credit reporting agencies, address history, social security number validity, right to work, lawsuits, education records, and professional and personal references. I agree, authorize, and consent to the release and disclosure of any and all information including, but not limited to the above, to **Kentucky Community & Technical College System**, and **GIS**.

By signing below, I authorize: (a) **GIS** to request information about me from any public or private information source; (b) anyone to provide information about me to **GIS**; (c) **GIS** to provide **KCTCS** one or more reports based on that information; and (d) **KCTCS** to share those reports with others for legitimate business purposes related to your employment. I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report for employment purposes and understand that it may contain information about my credit worthiness, credit standing, credit capacity, bankruptcies, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics, or mode of living, subject to any limitations imposed by applicable federal and state law. This authorization in original, fax, image, or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Kentucky Community & Technical College System** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Kentucky Community & Technical College System**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **General Information Services, Inc.**, P.O. Box 353, Chapin, SC 29036. GIS’s telephone number is (866) 265-4917. GIS’s website is [www.geninfo.com](http://www.geninfo.com), where you can find information about GIS’s international privacy practices. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

I understand in order to certify my identity for the purposes of Report preparation, I am voluntarily releasing y date of birth, social security number and the other information and fully understand that all employment decision are based on legitimate non-discriminatory reasons.

PLEASE CHECK THE APPROPRIATE BOX if you are applying for work with a California, Minnesota, or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

I would like a copy of my Consumer Report if one is prepared in the investigation of my background.

I agree and consent to the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

**PERSONAL INFORMATION:**

**FIRST NAME:**

**MIDDLE NAME:**

**LAST NAME:**

(IF NONE, TYPE "NONE")

\_\_\_\_\_

Please provide other names you have used, or are also known as, including maiden name, name changes, and any aliases:

\_\_\_\_\_

**EMAIL ADDRESS:**

\_\_\_\_\_

**CURRENT ADDRESS:**

**STREET ADDRESS:**

**CITY, STATE:**

**ZIP CODE:**

**FROM:**

**TO:**

\_\_\_\_\_

**FORMER ADDRESS(ES):**

In addition to your current address above, PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR **THE PAST 7 YEARS**

**STREET ADDRESS:**

**CITY, STATE:**

**ZIP CODE:**

**FROM:**

**TO:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.**

Social Security Number (###-##-####)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you have a driver's license:

Yes       No

If yes, name as it appears on the license:

\_\_\_\_\_