



Application for Employment Commonwealth of Kentucky Property Valuation Administrators

Personal Information

Last Name: _____ SSN: _____
First Name: _____ Middle Initial: _____ Date of Birth: _____
Contact Email: _____
Address Line 1: _____ Home Phone: _____
Address Line 2: _____ Home County: _____
City: _____ State: _____ Zip: _____

Education

Education Completed: _____
Graduation Date: _____
Full name of school: _____
Higher Education Completed: _____
Graduation Date: _____
Full name of school: _____
Major area(s) of study: _____
College hours earned: _____ semester hours /or/ quarter hours

Higher Education Completed: _____
Graduation Date: _____
Full name of school: _____
Major area(s) of study: _____
College hours earned: _____ semester hours /or/ quarter hours

**Original documentation (diploma/GED/college transcripts with official seal and registrar's signature)
must be verified if appointed.**

Driver's License

Do you have a valid driver's license? _____
Do you have a valid commercial driver's (CDL) license? _____
-If yes, check all that apply: CDL-A, CDL-B, CDL-X, Tanker Endorsement, None of the above

Occupational License/Certification

Issuing Organization: _____
Original issue date _____ Expiration date: _____
License/Certification Type: _____
License Number: _____

If a license is required for a position and you are appointed, it must be verified. All licenses must remain current, if required for a position.

Work Experience

Critical- It is important to provide as much detail as possible when describing your job duties. They, along with other answers on the application, are how your qualifications for a job are determined. You will receive partial or no credit if your application reflects incomplete or conflicting information.

Job title: _____

Name of employer: _____

Hours Worked Per Week _____

Employed from: _____

MM/DD/YYYY

MM/DD/YYYY)

Reason for leavin _____

Duties (list those that took the greatest amount of time first):

Job title: _____

Name of employer: _____

Hours Worked Per Week _____

Employed from: _____

MM/DD/YYYY

MM/DD/YYYY

Reason for leaving: _____

Duties (list those that took the greatest amount of time first):

Job title: _____

Name of employer: _____

Hours Worked Per Week _____

Employed from: _____

MM/DD/YYYY

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Duties (list those that took the greatest amount of time first):

Job title: _____

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Duties (list those that took the greatest amount of time first):

Job title: _____

Name of employer: _____

Hours Worked Per Week _____

Employed from: _____

MM/DD/YYYY

MM/DD/YYYY

Reason for leaving: _____

Duties (list those that took the greatest amount of time first):

Job title:

Name of employer:

Hours Worked Per Week

Employed from:

(MM/DD/YYYY)

(MM/DD/YYYY)

Reason for leaving:

Duties (list those that took the greatest amount of time first):

Job title:

Name of employer:

Hours Worked Per Week

Employed from:

(MM/DD/YYYY)

(MM/DD/YYYY)

Reason for leaving:

Duties (list those that took the greatest amount of time first):

Job title:

Name of employer:

Hours Worked Per Week

Employed from:

MM/DD/YYYY

(MM/DD/YYYY)

Reason for leaving:

Duties (list those that took the greatest amount of time first):

Job title:

Name of employer:

Hours Worked Per Week

Employed from:

MM/DD/YYYY

MM/DD/YYYY

Reason for leaving:

Duties (list those that took the greatest amount of time first):

Special Training/Development/Skills or Abilities

List any special training/development/skills or abilities not included on this application.

Certification

I certify the information given is accurate and complete. I understand pursuant to KRS 18A.032 and 18A.990, it is illegal to falsify information in the application process. I understand should an investigation at any time show falsification, to include omission, I will not be considered for employment, or if employed, I may be dismissed and disqualified from future merit employment.

I authorize the Finance and Administration Cabinet / Division of Human Resources and agencies to which I am certified/referred to conduct all necessary investigation 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 state employment.

I understand that state government is a drug free workplace and substance abuse testing may be required. I certify that upon employment I will remain drug free.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to

complete the required employment eligibility verification form upon hire.

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

Applicant Signature

Submission Date

It is the policy of the Commonwealth of Kentucky that no applicant for employment or employee will be subject to harassment or discrimination because of race, color, sex, disability, age, national origin, religion, sexual orientation, gender identity or expression, pregnancy or related medical condition, marital or familial status, ancestry, political affiliation, genetic information, or veteran status.