



Greetings:

Thank you for your interest in joining the Jefferson County Office of the Circuit Court Clerk TEAM!

Please find attached the Kentucky Court of Justice Application for Employment and Employment Record Check Authorization. After completion, please submit it to our office via:

- ✓ Email: [lisad@kycourts.net](mailto:lisad@kycourts.net)
- ✓ U.S. Mail:  
Lisa L. Dorsey  
Chief Deputy/Director of Human Resources  
Office of Circuit Court Clerk - Jefferson County  
Hall of Justice  
600 W. Jefferson St., Suite 2023  
Louisville, KY 40202
- ✓ Hand-deliver: (same as U.S. Mail)
- ✓ Fax: 502-595-3016

Following receipt of your application, it will be reviewed and processed accordingly. If you have any questions, please feel free to contact Human Resources at 502-595-3052. Office hours are 8:30 a.m. to 4:30 p.m. Monday to Friday.

Again, thank you for your interest in becoming a part of our TEAM.





APPLICATION FOR EMPLOYMENT  
Court of Justice  
www.courts.ky.gov  
An Equal Opportunity Employer

Post ID – Job Title  
Name-Location for  
which you are applying  
\_\_\_\_\_

Accommodations are available for applicants with disabilities in all phases of the application and employment process.  
To request an accommodation please contact the ADA Coordinator at 502-573-2350 or ADACoordinator@kycourts.net.

Resumes without a completed application will not be considered.

**Personal Information**

Last Name \_\_\_\_\_ First Name (legal name) \_\_\_\_\_ Middle Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Street/Rural Route /PO Box \_\_\_\_\_ Apt. Ste or Apt. Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (zip last 4 digits) \_\_\_\_\_

Home County \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Driver's License State \_\_\_\_\_ Driver's License No \_\_\_\_\_

Are you over the age of 16? \_\_\_\_\_

If hired, could you provide documentation that you are legally eligible to work in the United States? \_\_\_\_\_

**Commonwealth Employment Status**

\_\_\_\_ I have retired from an agency under the Kentucky Retirement System (e.g. KRS, CERS, KTRS)  
Branch/Agency Department \_\_\_\_\_ Last Year of Employment \_\_\_\_\_

\_\_\_\_ I am currently/previously employed by an agency under the Kentucky Retirement System  
(If multiple agencies, list most recent agency below)  
Branch/Agency Department \_\_\_\_\_ Last Year of Employment \_\_\_\_\_  
Years of service \_\_\_\_\_ Are you currently employed by this agency? \_\_\_\_\_  
If currently employed, are you serving a disciplinary probation? \_\_\_\_\_

\_\_\_\_ I have never been employed by an agency under the Kentucky Retirement System

**Certifications**

1. Date Certified \_\_\_\_\_ Date Expiration \_\_\_\_\_ Certification Number \_\_\_\_\_  
Profession \_\_\_\_\_ Licensing Agency \_\_\_\_\_  
\_\_\_\_\_  
Agency Address and Telephone Number \_\_\_\_\_

2. Date Certified \_\_\_\_\_ Date Expiration \_\_\_\_\_ Certification Number \_\_\_\_\_  
Profession \_\_\_\_\_ Licensing Agency \_\_\_\_\_  
\_\_\_\_\_  
Agency Address and Telephone Number \_\_\_\_\_

**Education – Any certifications/degrees may be requested at any time through the hiring process.**

\_\_\_ I have graduated high school. \_\_\_ I have a GED.

High School Name and Address or GED certification location address:

1. College/University/Vocational/Military Name \_\_\_\_\_  
Address \_\_\_\_\_  
Degree Name \_\_\_\_\_ Type of Degree \_\_\_\_\_  
Major \_\_\_\_\_ Date Earned \_\_\_\_\_  
Date Attended From \_\_\_\_\_ To \_\_\_\_\_ Hours Completed \_\_\_\_\_ Hours Carrying \_\_\_\_\_
2. College/University/Vocational/Military Name \_\_\_\_\_  
Address \_\_\_\_\_  
Degree Name \_\_\_\_\_ Type of Degree \_\_\_\_\_  
Major \_\_\_\_\_ Date Earned \_\_\_\_\_  
Date Attended From \_\_\_\_\_ To \_\_\_\_\_ Hours Completed \_\_\_\_\_ Hours Carrying \_\_\_\_\_
3. College/University/Vocational/Military Name \_\_\_\_\_  
Address \_\_\_\_\_  
Degree Name \_\_\_\_\_ Type of Degree \_\_\_\_\_  
Major \_\_\_\_\_ Date Earned \_\_\_\_\_  
Date Attended From \_\_\_\_\_ To \_\_\_\_\_ Hours Completed \_\_\_\_\_ Hours Carrying \_\_\_\_\_

**Employment**

List the most recent employment history first. Military experience may be listed in this section.

1. Date From \_\_\_\_\_ Date To \_\_\_\_\_ [ ] Current Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Supervisor's email \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Number of persons you supervised \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Date From \_\_\_\_\_ Date To \_\_\_\_\_ [ ] Current Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Supervisor's email \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Number of persons you supervised \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Date From \_\_\_\_\_ Date To \_\_\_\_\_ [ ] Current Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Supervisor's email \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Number of persons you supervised \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date From \_\_\_\_\_ Date To \_\_\_\_\_ [ ] Current Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Supervisor's email \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Number of persons you supervised \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Date From \_\_\_\_\_ Date To \_\_\_\_\_ [ ] Current Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Supervisor's email \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Number of persons you supervised \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Date From \_\_\_\_\_ Date To \_\_\_\_\_ [ ] Current Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Supervisor's email \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Number of persons you supervised \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Related Information

You may add any information in this section related to professional organizations, related experience, languages you can read/write/speak, equipment knowledge, and/or skills/abilities. This section may be used for preferred selection of qualified candidates. Please list dates you were a member of organizations, any titles held, and duties of the positions held.

1. Date From \_\_\_\_\_ Date To \_\_\_\_\_  
 Details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Date From \_\_\_\_\_ Date To \_\_\_\_\_  
 Details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Date From \_\_\_\_\_ Date To \_\_\_\_\_  
 Details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Availability

\_\_\_\_ I can work anywhere in Kentucky Date Available \_\_\_\_\_  
 \_\_\_\_ First Shift \_\_\_\_ Second Shift \_\_\_\_ Third Shift \_\_\_\_ Any Shift  
 Counties desired for work locations \_\_\_\_\_  
 \_\_\_\_\_

## References

Please list at least 3 references other than relatives and former supervisors.

1.	_____	_____	_____	_____
	Last Name	First Name	Email Address	Phone
	Street/Rural Route /PO Box	Apt. Ste or Apt. Box #	City	State Zip Code (zip last 4 digits)
2.	_____	_____	_____	_____
	Last Name	First Name	Email Address	Phone
	Street/Rural Route /PO Box	Apt. Ste or Apt. Box #	City	State Zip Code (zip last 4 digits)
3.	_____	_____	_____	_____
	Last Name	First Name	Email Address	Phone
	Street/Rural Route /PO Box	Apt. Ste or Apt. Box #	City	State Zip Code (zip last 4 digits)

## Statistics

### EQUAL EMPLOYMENT OPPORTUNITY (EEO)

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected classification as defined by applicable law and regulation.

As the employer, we may be subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to voluntarily complete these statistics. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

### Race/Ethnicity

\_\_\_\_ White \_\_\_\_ Black or African American \_\_\_\_ Hispanic or Latino \_\_\_\_ Asian \_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ Other \_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_ Two or more races

Gender \_\_\_\_ Female \_\_\_\_ Male Date of Birth \_\_\_\_\_ Highest Degree Obtained \_\_\_\_\_

Are you a veteran of the United States Armed Forces? \_\_\_\_ Yes \_\_\_\_ No

## Signature

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should an investigation at any time show any falsification, I may not be considered for employment or, if employed, I may be dismissed and disqualified from employment. I hereby authorize the Court of Justice to make all necessary investigations concerning me, my future work, habits, character, or my action in any transaction. I authorize the Court of Justice to receive my academic records or other material pertinent to my qualifications, and further authorize and request each former employer (including COJ, if applicable), person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all (including COJ, if applicable) information that may be sought in connection with this application. I certify that I can perform the essential functions of the position for which I am applying, with or without reasonable accommodations. I certify that I am the person that is listed in name on this application.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Where did you hear about us? (please check one) [ ] Friend [ ] Job Fair [ ] Newspaper [ ] Web Search [ ] University  
[ ] Link [ ] Other \_\_\_\_\_

PER-1.4  
Rev. 9-15  
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Commonwealth of Kentucky  
Court of Justice  
<http://intranet.kycourts.net>  
KCOJPP 4.02



### Employment Record Check Authorization

Date: \_\_\_\_\_  
County: \_\_\_\_\_  
Dept/Office: \_\_\_\_\_

I understand by completing this form, I am authorizing the Kentucky Court of Justice to complete a criminal history background check on me. This check is required before any applicant may be offered a position with the Court of Justice.

For all current and prospective employees of the Administrative Office of the Courts Department of Juvenile Services, this form will also serve as an authorization for a Child Abuse Registry / Child Protective Services background check.

If I am not selected for a position with the Administrative Office of the Courts, this form will be shredded and will not be retained in electronic or paper format. The chosen applicant's form will be forwarded to the Human Resources Department with appropriate paperwork.

Please print information below:

First, Middle, Last Name: \_\_\_\_\_

Alias Name(s) (i.e., maiden): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ (If a record is found, a copy will be emailed to you.  
No notification will be sent if no record is found.)

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I understand that if I intentionally provide inaccurate information, I may be prosecuted pursuant to KRS 523.100.  
I have provided the basic information necessary to qualify for record processing.