



Greetings,

Thank you for your interest in joining the Jefferson County Office of Circuit Court Clerk (OCCC) TEAM.

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

- ✓ Email: Lisad@kycourts.net
- ✓ U.S. Mail: Office of Circuit Court Clerk
Human Resources Division
Attention: Lisa L. Dorsey, Chief Deputy/HR Director
600 W. Jefferson Street, Suite 2086
Louisville, KY 40202
- ✓ Fax: 502-595-3016
- ✓ Hand deliver: Same as above-listed mailing address

Following receipt of your application materials, 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 of operation: Mondays through Fridays, 8:30am – 4:30pm.

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



Equal Opportunity Employer



APPLICATION FOR EMPLOYMENT
Court of Justice
www.kycourts.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 HRRegulatoryCompliance@kycourts.net.

Resumes without a completed application will not be considered.

Personal Information

Last Name _____ First Name (*legal name*) _____ Middle Name _____ Preferred Name _____

Previous Name(s), if any: _____

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 Public Pensions Authority (KPPA) (e.g. CERS, KERS, SPRS)
Branch/Agency Department _____ Last Year of Employment _____

____ I am currently/previously employed by an agency under the Kentucky Public Pensions Authority (KPPA)
(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 Public Pensions Authority (KPPA)

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/MilitaryName _____
Address _____
Degree Name _____ Type of Degree _____
Major _____ Date Earned _____
Date Attended From _____ To _____ Hours Completed _____ Hours Carrying _____
2. College/University/Vocational/MilitaryName _____
Address _____
Degree Name _____ Type of Degree _____
Major _____ Date Earned _____
Date Attended From _____ To _____ Hours Completed _____ Hours Carrying _____
3. College/University/Vocational/MilitaryName _____
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 _____ Supervisor's Name _____
Employer Phone _____ May We Contact? _____
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 _____ Supervisor's Name _____
Employer Phone _____ May We Contact? _____
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 _____ Supervisor's Name _____
Employer Phone _____ May We Contact? _____
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 _____ Supervisor's Name _____
Employer Phone _____ May We Contact? _____
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 _____ Supervisor's Name _____
Employer Phone _____ May We Contact? _____
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 _____ Supervisor's Name _____
Employer Phone _____ May We Contact? _____
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 _____



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.