



## **APPLICATION REQUIREMENTS** ***MUST BE SUBMITTED WITH APPLICATION***

- **NOTARIZED APPLICATION (FORM KSP-161)**
- **CERTIFIED BIRTH CERTIFICATE**

**(Must be an original document, we will not accept photo copies)**

(If you were born in Kentucky you can contact the Department of Vital Statistics at **502-564-4212** to order an original document)

BIRTH CERTIFICATES IN A LANGUAGE OTHER THAN ENGLISH SHOULD BE ACCOMPANIED WITH AN OFFICIAL INTERPRETATION.

NATURALIZED CITIZENS MUST SUBMIT A COPY OF THEIR NATURALIZATION DOCUMENTATION

- **COPY OF VALID DRIVERS LICENSE**
- **COPY OF SOCIAL SECURITY CARD**
- **COPY OF HIGH SCHOOL DIPLOMA OR GED CERTIFICATE**
- **COPY OF MOST RECENT FORM DD-214 (IF VETERAN STATUS)**

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Emailed applications will not be accepted. Failure to provide all required documents and signatures may result in disqualification. For questions regarding the application process you may contact [Dianna.shashina@ky.gov](mailto:Dianna.shashina@ky.gov) or call 502-782-2020.

**Applications and all supporting documents should be mailed to:**

**KSP Facilities Security Recruitment**  
**Attn: Dianna Shashina**  
**1250 Louisville Road**  
**Frankfort, KY 40601**



APPLICATION FOR EMPLOYMENT

KENTUCKY STATE POLICE

919 Versailles Road  
Frankfort, Kentucky 40601

KSP FACILITIES SECURITY OFFICER

Answer each item completely and accurately. **Applications will not be accepted without a certified copy of your birth certificate, a photocopy of your driver's license, along with other documents or transcripts as specified on this application.** Insufficient documentation or incomplete answers will cause delay in processing of your application. False answers will lead to dismissal.

Vacancy Number \_\_\_\_\_

Applicant Name \_\_\_\_\_  
Last First Middle Maiden

Mailing Address \_\_\_\_\_  
Street /P.O. Box City County State Zip Code

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Work Cell Month Day Year

Social Security Number \_\_\_\_\_ Are you at least 21 years of age?  Yes  No

E-mail address \_\_\_\_\_

Aliases, if any: \_\_\_\_\_

Prior addresses from the past ten (10) years: \_\_\_\_\_

US Citizenship Acquired By  Birth  Marriage  Naturalization

Valid Driver's License  Yes  No Valid Commercial Driver's License  Yes  No

License State and Number \_\_\_\_\_ If yes, what class \_\_\_\_\_ What endorsement? \_\_\_\_\_

Has your license or CDL ever been revoked or suspended?  Yes  No Do you have six (6) or more demerit points against your driver's license?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever served in the military?  Yes  No

If yes, Type of Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

*\*You will not be identified as a veteran and eligible for preference until you provide your latest DD-214.*

Have you been convicted of violating any law ( omit minor traffic violations ) ?  Yes  No

If yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020. \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**EDUCATION/TRAINING:** Complete accurately and circle highest grade or year completed at all levels of school below. You are **required** to submit with your application a copy of your high school diploma/transcript or GED certificate. You may submit, if applicable, an original vocational/technical school transcript; or an original college transcript with official seal and Registrar's signature.

	Name and Address of School	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned	
		From	To		Earned	Now Carrying	Major	Minor		
High School or GED		mo/yr	mo/yr	mo/yr					Diploma	GED
									<input type="checkbox"/>	<input type="checkbox"/>
Under Graduate College or University		mo/yr	mo/yr	mo/yr					Degree:	
Graduate College or University		mo/yr	mo/yr	mo/yr					Degree:	
Vocational, Business, Technical		mo/yr	mo/yr	mo/yr					Certificate:	
Apprenticeship	Type:	mo/yr	mo/yr	Length of Program: 1 2 3 4 5		Journeyman: Yes <input type="checkbox"/> No <input type="checkbox"/>			Must provide certificate	

**EMPLOYMENT HISTORY:**

Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as the information you provide will be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time **first**.

**NOTE:** You must complete this application form. Resumes are not considered official, but may be submitted if signed and dated.

May we contact your present employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, explain
A.		Employed From Mo. Day Yr. To Mo. Day Yr.		Job Duties: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
Title of Position _____ Gr. _____		Starting Salary _____		
Average hours worked per week _____ Last Salary _____		Reason for leaving _____		
Name of Employer _____		Address _____		
Type of Business _____		Name & title of your supervisor _____		
Phone: _____		From Mo. Yr. To Mo. Yr. Number Supervised _____		
I was a supervisor				

Applicant Name: \_\_\_\_\_

<p><b>B.</b></p> <p>Employed From <table style="display: inline-table; border: 1px solid black; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> To <table style="display: inline-table; border: 1px solid black; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: center;">Starting Salary _____</p> <p>Average hours worked per week <table style="display: inline-table; border: 1px solid black; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p style="text-align: right;">Phone: _____</p> <p style="text-align: center;">From                      To                      Number</p> <p style="text-align: center;">Mo.    Yr.                      Mo.    Yr.                      Supervised</p> <p>I was a supervisor <table style="display: inline-table; border: 1px solid black; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> <table style="display: inline-table; border: 1px solid black; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table> <table style="display: inline-table; border: 1px solid black; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table></p>	Mo.	Day	Yr.				Mo.	Day	Yr.																				<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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Applicant Name: \_\_\_\_\_

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Mo.	Day	Yr.													
Mo.	Day	Yr.													

**NOTE: Attach continuation page(s) if necessary.**

**LICENSES/CERTIFICATIONS OR LANGUAGE PROFICIENCY**

License or Certification Title & Number	Original Issue Date	Current Expiration Date	Name, Address & Phone of Licensing Agency

List additional languages you speak proficiently.			
List additional languages you read or write proficiently.			

**CHARACTER REFERENCES:** At least two (2) must be residents of Kentucky who are not related to you and have known you well for a period of not less than three (3) years.

NAME	ADDRESS	PHONE NUMBER

All persons selected for employment by the Kentucky State Police as a KSP Facilities Security Officer shall acknowledge their eligibility for commission as a Special Law Enforcement Officer as defined in KRS 61.900 to 61.930. Employment may be terminated with or without cause at any time during the training period or the probationary period of one (1) year immediately following appointment as a KSP Facilities Security Officer. All candidates who are selected for final employment consideration are required to provide a blood/urine sample for drug testing purposes. If employed as a KSP Facilities Security Officer, submission to random drug testing will be mandatory during the course of employment.

\* Applicants will be required to complete an extensive background profile.

I certify that I have read, understood and accept the conditions expressed in the foregoing paragraph. I further certify that all of the information I have provided on this application form is truthful and accurate to the best of my knowledge. I understand that my background will be extensively investigated by a Kentucky State Police officer and I consent to such investigation. The Kentucky State Police is an equal opportunity employer with strict prohibitions against any unlawful discrimination based upon race, sex, age, national origin, religion, disability, or political affiliation.

\_\_\_\_\_  
Signature of Applicant (as usually written)  
To be signed in the presence of a notary

\_\_\_\_\_  
Date of Signature

Note: This application must be notarized in the space provided below.

Subscribed and sworn to before me by the above applicant, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

My Commission Expires \_\_\_\_\_, \_\_\_\_\_  
MONTH & DAY YEAR