



APPLICATION REQUIREMENTS
MUST BE SUBMITTED WITH APPLICATION

- Notarized application (FORM KSP-161)
- Copy of certified birth certificate
- Copy of valid driver's license
- Copy of social security card
- Copy of high school diploma, GED, high school transcripts, college transcripts, or college diploma.
- Copy of most recent form DD-214 (If veteran status)

Emailed applications will not be accepted. Failure to provide all required documents and signatures may result in disqualification. For questions regarding the application process, please email ksp.facilitiessec@ky.gov or call 502-782-2020.

Applications and all supporting documents should be mailed to:

**KSP Security Branch
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Has your license or CDL ever been revoked or suspended?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	Diploma	GED
High School or GED		mo/yr	mo/yr	mo/yr					<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.		Mo. Day Yr.		Mo. Day Yr.
Employed From				To
Title of Position				Gr. _____
Average hours worked per week				Starting Salary _____
Reason for leaving				Last Salary _____
Name of Employer		_____		
Address		_____		
Type of Business		_____		
Name & title of your supervisor		_____		
		Phone: _____		
From		To		Number Supervised
Mo. Yr.		Mo. Yr.		
I was a supervisor				
Job Duties:				
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				

Applicant Name: _____

<p>B.</p> <p>Employed From Mo. Day Yr. To Mo. Day Yr.</p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: right;">Starting Salary _____</p> <p>Average hours worked per week Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & 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 </p>	<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>
<p>C.</p> <p>Employed From Mo. Day Yr. To Mo. Day Yr.</p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: right;">Starting Salary _____</p> <p>Average hours worked per week Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & 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 </p>	<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>
<p>D.</p> <p>Employed From Mo. Day Yr. To Mo. Day Yr.</p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: right;">Starting Salary _____</p> <p>Average hours worked per week Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & 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 </p>	<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>
<p>E.</p> <p>Employed From Mo. Day Yr. To Mo. Day Yr.</p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: right;">Starting Salary _____</p> <p>Average hours worked per week Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & 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 </p>	<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>

I was a supervisor <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>	8.													
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Reason for leaving _____	4.													
Name of Employer _____	5.													
Address _____	6.													
Type of Business _____	7.													
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Phone: _____														
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	From		To		Number									
	Mo.	Yr.	Mo.	Yr.	Supervised									
I was a supervisor <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>														

NOTE: Attach continuation page(s) if necessary.

Applicant Name: _____

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 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, submit to a psychological suitability and polygraph examination. 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