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| --- | --- |
| **INSTRUCTIONS:** To be considered for the Minority Internship Program, complete and submit this application along with other required documents to:  |  |
|  |  |  |  |  |  | Kentucky Transportation Cabinet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | MIP Coordinator |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Office for Civil Rights & Small Business Development |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 200 Mero Street, 6th Floor West |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Frankfort, KY 40622 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| Check each box to confirm that the application packet is complete. |  |
| [ ]  | Completed application |  |
| [ ]  | High School diploma |  |
| [ ]  | Valid driver’s license |  |
| [ ]  | Copy of certificate |  |
|  |  |  |
| **SECTION 1: APPLICANT INFORMATION** |  |
| **FIRST NAME**      | **LAST NAME**      | **SOCIAL SECURITY #**      |  |
| **MAILING ADDRESS** *(street)*      | **CITY**      | **STATE**      | **ZIP**      |  |
| **PHONE**      | **EMAIL**      |  |  |
|  |  |
| Indicate which session in which you wish to enroll. |  |
|  [ ]  Fall [ ]  Spring [ ]  Summer |  |
|  |  |
| **SECTION 2: APPLICANT SIGNATURE AGREEMENT** |  |
| I certify that all the information given in this application is accurate and complete. I understand that a background check shall be conducted before any internship offer is made. All applicants shall sign and return by the assigned date. |  |
| **SIGNATURE** |  |  | **DATE** |  |  |  |
|  |  |  |  |  |  |  |
| **SECTION 3: EEO & PROGRAM INFORMATION** (*Completion of this section is voluntary. The information is for statistical purposes only.*) |  |
| How did you learn about the Minority Internship Program? [ ]  Transportation Cabinet website  |  |
|  |  |
| [ ]  Career/School Fair [ ]  Advisor [ ]  Word of mouth [ ]  Other (*Specify.*)       |  |
|  |  |
| **RACE:** [ ]  African-American [ ]  Hispanic [ ]  Asian/Pacific Islander [ ]  American Indian/Alaskan Native [ ]  White |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SEX:** [ ]  Female [ ]  Male  |  | **AGE:** |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pursuant to Cabinet policy GAP-803, the Kentucky Transportation Cabinet does not tolerate discrimination or harassment of any kind against any protected class. Furthermore, reasonable accommodation will be provided upon request. |  |
|  |
| **KYTC Use Only** |  |
| Session enrolled: [ ]  Fall [ ]  Spring [ ]  Summer |  |
| **SIGNATURE APPROVAL** |  |  | **DATE** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

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