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this application with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | other required documents to: | | | | | | | | | | | | | | | | | | | | | | | | | Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet  Kentucky Transportation Cabinet | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | | | |  | | | | | |  | |  | | | |  | |  | |  | |  | | | |  | | | | |  | | | | MIP Coordinator  MIP Coordinator  MIP Coordinator  MIP Coordinator  MIP Coordinator | | | | | |  | |  | | |  | | | 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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Completed application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Résumé | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Unofficial transcript | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | One letter of recommendation (*Recommendation must be from non-family member.*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SECTION 1: APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FIRST NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **LAST NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SOCIAL SECURITY #** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **MAILING ADDRESS** *(street)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STATE** | | | | | | | | | | | | | | | | | | | | | | | **ZIP** | | | | | | | | | | | | | | | | | | **PHONE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **EMAIL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SECTION 2: COLLEGE INFORMATION** (*List all colleges* *currently attending.*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **COLLEGE NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **MAJOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **HOURS EARNED** | | | | | | | | | | | | | | | | **CUMULATIVE GPA** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | 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Indicate the college program in which you are currently enrolled.  Undergraduate  Graduate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2. Indicate the session in which you wish to enroll.  Fall  Spring  Summer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SECTION 3: AREAS OF INTEREST** (*Placement preferences are considered, but not guaranteed*.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (*Select up to four preferences.*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Cabinet Offices & Services:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Audits | | | | |  | |  | |  | | | |  | | | | |  | | | | Budget & Fiscal Management | | | | | | | | | | | | | | |  | | | |  | | | | Civil Rights & Small Business Development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | Legal Services | | | | | | | | | |  | | | |  | | | |  | | | | Information Technology | | | | | | | | | | | | | | |  | | | |  | | | | Human Resource Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Public Affairs | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Department of Highways:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Construction | | | | | | | | | |  | | | |  | | | |  | | | Construction Procurement | | | | | | | | | | | |  | | | |  | | | |  | | | | Environmental Analysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | Highway Design | | | | | | | | | | | | | |  | | | |  | | | Highway Safety | | | | | | | | | | | |  | | | |  | | | |  | | | | Right of Way & Utilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | Planning | | | | | | | | | | | | | |  | | | |  | | | Professional Services | | | | | | | | | | | |  | | | |  | | | |  | | | | Structural Design | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | |  | | | | | | |  | | | | | **Department of Vehicle Regulation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Driver Licensing | | | | | | | | | | | | | |  | | | |  | | Motor Carriers | | | | | | | | |  | | |  | | | |  | | | |  | | | | Motor Vehicle Licensing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | |  | |  | |  | | | |  | | | | |  | | | |  |  |  |  | |  |  | |  | | |  | | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | | | | |  | | |  | | | |  | | | | |  | | | | | |  | | | |  | | | |  | | | | | | |  | | | |
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All applicants shall sign and return by the assigned date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGNATURE** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **DATE** | | | | | |  | | | | | | | | |  | | |  |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | |  | | | **SECTION 5: 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:** | | | |  | | | | | | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | | | **KYTC Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Co-op  Interim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Session enrolled:  Fall  Spring  Summer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGNATURE APPROVAL** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **DATE** | | | | | |  | | | | | | | |  | | |  |  | |  | |  | |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |  | | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  |  | | |  | | |  | | |  |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |