MINORITY INTERNSHIP PROGRAM APPLICATION- CERTIFICATE PROGRAM

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

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS (street)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
</table>

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 ____________