



Internal Mobility Applicant Interview Form

(Information Required Pursuant to 101 KAR 1:400)

Applicant Name _____

Date of Interview _____

SENIORITY

Months of Total State Service: _____

Months of Department or Cabinet Service: _____

QUALIFICATIONS

Education:

High School/GED College Graduate

Undergraduate

If yes, college/university: _____

Degree: _____

Graduate

If yes, college/university: _____

Degree: _____

Other (classes, seminars, workshops, etc.):

PERFORMANCE EVALUATIONS

YEAR

RATING

_____	Outstanding <input type="checkbox"/>	Highly Effective <input type="checkbox"/>	Good <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	Unacceptable <input type="checkbox"/>
_____	Outstanding <input type="checkbox"/>	Highly Effective <input type="checkbox"/>	Good <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	Unacceptable <input type="checkbox"/>
_____	Outstanding <input type="checkbox"/>	Highly Effective <input type="checkbox"/>	Good <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>	Unacceptable <input type="checkbox"/>

RECORD OF PERFORMANCE

Occupational experiences, accomplishments, positions, awards, etc.:

CONDUCT

Any reprimands, disciplinary fines, suspensions, and/or other, received at any time during history of employment.

I hereby certify that all information contained herein is true and accurate.

Applicant's Signature

Today's Date