



# Kentucky Retirement Systems

## APPLICATION FOR TRUSTEE

KENTUCKY RETIREMENT SYSTEMS

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124

Phone: (502) 696-8800 • Fax: (502) 696-8801 • kyret.ky.gov

Deaf/Hard of Hearing TTY (502)564-4306

### Application for Trustee

Information provided on this form will be used in your biography for the ballot if you are selected as a candidate.

#### Trustee Information

Social Security No.

Today's Date \_\_\_\_\_

(mm/dd/yyyy)

Home Phone No. \_\_\_\_\_

Date of Birth  
(for identification purposes only) \_\_\_\_\_

(mm/dd/yyyy)

Work Phone No. \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Middle Name	Other Name (if any)

_____	_____	_____	_____	_____
Address (Street, R.F.D. or Box No.)	City	State	Zip Code	County

E-mail Address (if available) \_\_\_\_\_

#### Background

Yes  No

Have you ever been convicted of or plead guilty to a felony? If yes, list offense(s), date(s) of offense(s), date(s) of conviction(s) or plea(s), and jurisdiction(s) in which the offense(s) occurred. Conviction is not an automatic rejection of application.

\_\_\_\_\_  
\_\_\_\_\_

#### Conflict of Interest

Yes  No

Are you a constitutionally eligible individual, which means a prospective candidate who does not have a conflict of interest on the basis of holding a constitutionally elected or appointed position pursuant to KRS 61.645 and Kentucky Constitution Section 165? If no, please list any elected or appointed position you currently hold that you believe may be constitutionally incompatible with serving as a trustee.

\_\_\_\_\_  
\_\_\_\_\_

Yes  No

Do you or any member(s) of your immediate family own a controlling interest in an entity that does business or might seek to do business with KRS? If yes, please list below.

\_\_\_\_\_  
\_\_\_\_\_

Yes  No

Do you or any member(s) of your immediate family serve in a leadership or fiduciary capacity with an entity that does business or might seek to do business with KRS? If yes, please list below.

\_\_\_\_\_  
\_\_\_\_\_

Yes  No

Do you have any other actual or potential conflicts of interest that may hinder or prevent you from serving as a Trustee? If yes, please list below.

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. 

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 Date \_\_\_\_\_

**Education/Training: Complete accurately and provide highest grade or year completed at all levels of school below.**

School	Name and Address of School	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		To	From		Earned	Now Carrying	Major	Minor	
High School		mo/yr	mo/yr	mo/yr					Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>or</b> GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
Under Graduate College or University		mo/yr	mo/yr	mo/yr	**	**			
Graduate College or University		mo/yr	mo/yr	mo/yr	**	**			
Vocational, Business, Technical		mo/yr	mo/yr	mo/yr	***	***			
Apprenticeship		mo/yr	mo/yr	Length of Program: 1 2 3 4 5	Journeyman: <input type="checkbox"/> Yes <input type="checkbox"/> No				

\*\*Please indicate if college hours are semester or quarter **OR** \*\*\* indicate number of vocational / technical school clock hours.

**If you need additional space to list employment, please print additional pages.**

**Employment History**

<b>A.</b>	Employed From	To	
	(mm/dd/yyyy)	(mm/dd/yyyy)	
	Title of Position		
	Name of Employer		
	City	State	
Type of Business			
<b>B.</b>	Employed From	To	
	(mm/dd/yyyy)	(mm/dd/yyyy)	
	Title of Position		
	Name of Employer		
	City	State	
Type of Business			
<b>C.</b>	Employed From	To	
	(mm/dd/yyyy)	(mm/dd/yyyy)	
	Title of Position		
	Name of Employer		
	City	State	
Type of Business			



Name: \_\_\_\_\_ Social Security No. 

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 Date \_\_\_\_\_

**Ballot Information: Please provide information as you would like it to appear with the printed election ballot.**

**Note:** The education section is limited to institutions where a degree was granted and associations must have a relationship to service on the KRS Board.

**Submit:** One 5X7 color photo in PDF or JPG Format along with your application.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

*Submit  
5X7 or Larger  
Color Photo  
PDF or JPG Format*

Education,  
Certifications &  
Associations

**SPACE IS  
LIMITED TO  
VISIBLE  
AREA  
ONLY**

Residence \_\_\_\_\_

**ATTENTION:** Information in the box above will appear exactly as submitted with the printed election ballot.

Sample: This is how your information will be displayed with the ballot.

**-IMPORTANT- THIS SECTION MUST BE COMPLETED-**

**Signature - Please read and sign the following statement:**

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_