

**FORM 2001**  
**MEMBERSHIP INFORMATION**  
**KENTUCKY RETIREMENT SYSTEMS**

PERIMETER PARK WEST  
1260 LOUISVILLE ROAD  
FRANKFORT, KY 40601-6124  
(502) 564-4646

NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
street, route or box city  
\_\_\_\_\_ county state ZIP

Date of Birth: \_\_\_\_\_ month day year Work Phone: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SEX:  MALE  FEMALE MARITAL STATUS: \_\_\_\_\_

DATE PRESENT EMPLOYMENT BEGAN: \_\_\_\_\_ AGENCY TYPE

NAME OF AGENCY: \_\_\_\_\_  STATE  CITY  COUNTY  OTHER

Any other name under which you may have been previously employed: \_\_\_\_\_

**PREVIOUS COUNTY, CITY OR STATE EMPLOYMENT:**

DEPARTMENT OR AGENCY	POSITION	FROM			TO			ADMINISTRATIVE USE			
		Mo.	Day	Yr.	Mo.	Day	Yr.	Mo.	Day	Yr.	Verif.

**STATEMENT OF ACTIVE DUTY MILITARY SERVICE:**

BRANCH OF SERVICE	DATES OF ACTIVE DUTY SERVICE						ADMINISTRATIVE USE				
	Mo.	Day	Yr.	TO	Mo.	Day	Yr.	Mo.	Day	Yr.	Verif.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_