

Beginning with most recent position, please describe in detail each specific job (especially experience which qualifies you for position sought). It is very important that you describe your duties and responsibilities of each position held.

A résumé of your background may be attached.

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave _____

Please describe your duties and responsibilities _____

May we contact your present employer now? ____ Yes ____ No If no, when? _____

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave _____

Please describe your duties and responsibilities _____

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave _____

Please describe your duties and responsibilities _____

IF ADDITIONAL SPACE FOR WORK HISTORY IS NEEDED, SPECIAL SHEETS WILL BE PROVIDED UPON REQUEST.

MILITARY EXPERIENCE (explain duties here) _____

Entry Date _____ Separation Date _____ Branch of Service _____

Rank at Separation _____ Present Selective Service Classification _____

LICENSES OR CERTIFICATION

If a license, or other authorization to practice a trade or profession is relevant for the position for which you are applying, complete the following:

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	Address of Licensing Agency
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I hereby certify, under penalty of law, that the information contained on this form is true, and complete to the best of my knowledge and belief. I am aware that should investigation at any time show any such misrepresentation or falsification, my application will be rejected, my name will be removed from the eligible list, and I will be dismissed from service. I authorize the Jessamine County Fiscal Court to make all necessary and appropriate investigations to verify the information contained herein and to verify my transcripts as needed with the university or college concerning my achieved education. I understand that my application will be on file for six months only. It is my responsibility to update and reactivate my application as I understand I will not be notified my application has expired. I also understand that when my application has expired it will be removed from the Jessamine County Fiscal Court files along with all other data relating to my application.

Date _____ Signature of Applicant _____

REQUEST FOR RECORD CHECK

BY: Jessamine County Fiscal Court
Office of County Judge/Executive
Courthouse
Main Street
Nicholasville, KY 40356

Date of Request _____

THIS SECTION TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

NAME _____

PRESENT ADDRESS _____

MOST PREVIOUS ADDRESS: _____

DESCRIPTION: SEX: _____ RACE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY: _____

DRIVERS LICENSE NO.: _____ STATE: _____ EXP. DATE _____

THIS SECTION TO BE COMPLETED BY LAW ENFORCEMENT AGENCY OR COURT OF JURISDICTION

CRIMINAL CONVICTIONS YES _____ NO _____

TRAFFIC CONVICTIONS YES _____ NO _____

AT-FAULT ACCIDENTS YES _____ NO _____

Note: IF "YES" ON ANY OF THE ABOVE, PLEASE GIVE DETAILS, DATES, ETC., IN SPACE BELOW:

DATE _____

SIGNED _____
NAME RANK OR TITLE

AGENCY NAME (address correction requested)

TO BE COMPLETED BY APPLICANT:

I, _____, have applied for employment with the Jessamine County Fiscal Court. Please fill in the middle of the reverse side of this form and return it to the Jessamine County Fiscal Court, Office of the Judge/Executive, Courthouse, Main Street, Nicholasville, Kentucky.

This will authorize your agency to disclose to the Jessamine County Fiscal Court, Nicholasville, Kentucky, any and all information in your office's possession pertaining in any way to me and any convictions of any felony, misdemeanor, or violation that I have had as an adult.

SIGNATURE OF APPLICANT

DATE