

____ Seasonal Educational ____ Co-op

Are you subject to recall due to a lay-off? _____ YES _____ NO
 Are you willing to relocate if the job requires it? _____ YES _____ NO
 Are you willing to travel if the job requires it? _____ YES _____ NO
 Are you willing to work overtime if the job requires it? _____ YES _____ NO
 Are you willing to work a shift position if the job requires it? _____ YES _____ NO

EDUCATION

	High School	College/University	Graduate School
School Name City and State			
Years Completed (circle one)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Study (briefly)			

Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities: _____

Honors Received: _____

You MUST furnish proof of Educational Certifications, Diplomas, and/or GED to verify your educational background upon employment.

EMPLOYMENT EXPERIENCE

Employer/Address/Phone#:	Dates Employed: From / / to / /	Work Performed:
Job Title:	Supervisor's Name:	Reason for Leaving:

Employer/Address/Phone#:	Dates Employed: From / / to / /	Work Performed:
Job Title:	Supervisor's Name:	Reason for Leaving:

Employer/Address/Phone#:	Dates Employed: From / / to / /	Work Performed:
Job Title:	Supervisor's Name:	Reason for Leaving:

Employer/Address/Phone#:	Dates Employed: From / / to / /	Work Performed:
Job Title:	Supervisor's Name:	Reason for Leaving:

Summarize Special Skills and Qualifications Acquired from Employment or Other Experiences:

PERSONAL REFERENCES (LIST 3)

NAME: _____ **OCCUPATION:** _____

ADDRESS: _____

DAY TIME PHONE #: #(_____) _____ - _____ **YEARS KNOWN:** _____

NAME: _____ **OCCUPATION:** _____

ADDRESS: _____

DAY TIME PHONE #: #(_____) _____ - _____ **YEARS KNOWN:** _____

NAME: _____ **OCCUPATION:** _____

ADDRESS: _____

DAY TIME PHONE #: #(_____) _____ - _____ **YEARS KNOWN:** _____

APPLICANT'S STATEMENT

The facts set forth in my application are true and complete. I understand that if employed, false or misleading statements or omissions may result in termination of employment.

As a condition of and in consideration for MCCC's consideration of this application, I give permission and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. I understand, also, that I am required to abide by all rules and policies of the company.

Signature of Applicant

Date

**ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES
100 MILLCREEK PARK FRANKFORT, KENTUCKY 40601
(502) 573-2350**

The process to obtain the information contained in the COURT DISPOSITION SYSTEM is as follows:

Individuals Requesting a record on yourself is free. Enclose a self-addressed stamped envelope for a return reply.

Others A request on another person requires a \$15.00 check or money order and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked. These requests will be considered commercial.

Non-Profit And Governmental Units must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquiries can be made on a continuation form.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services at (502) 573-2350.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY

Social Security #: ____ - ____ - _____

Name: _____

Date of Birth: ____ / ____ / ____

Maiden or Alias Name(s): _____

Address (Street # / PO Box#): _____

City, State, Zip Code: _____

Individual Request: I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

Signature

_____/_____/_____
Date

Other Request:

I have provided the basic information necessary to qualify for record processing and exemption of fees, if applicable.

Tax/Exempt/User#

Requestor

_____/_____/_____
Date

Street Address

(____)_____-_____
Phone

City, State, Zip Code