

REQUEST FOR RECORD CHECK
 LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
 DATE OF REQUEST_____

APPLICANT: PLEASE COMPLETE THIS SECTION (PLEASE PRINT)

NAME: _____

LAST
FIRST
MIDDLE

Have you ever been known by any other name? ☐ Yes ☐ No

if yes, please state name(s): _____

1. Are you authorized for employment in the U.S.? ☐ Yes ☐ No
2. Do you require sponsorship by the LFUCG to work in the U.S.? ☐ Yes ☐ No
3. Are you related to any person(s) currently working for the Urban County Government? ☐ Yes ☐ No if yes, list name(s), work location(s) and relationship_____

CURRENT

ADDRESS: _____

STREET NAME, APARTMENT #, ETC.

				From	To
CITY	STATE	ZIP	COUNTY	DATES OF RESIDENCE	

PREVIOUS ADDRESSES

(Must STREET NAME, APARTMENT #, ETC)

include
last 5
years -
space on
reverse
side)

STREET NAME, APARTMENT #, ETC

last 5 years -	CITY	STATE	ZIP	COUNTY	From DATES OF RESIDENCE	To
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space on
reverse
side)

side) STREET NAME, APARTMENT #, ETC

STREET NAME, APARTMENT #, ETC

CITY	STATE	ZIP	COUNTY	From _____ To _____ DATES OF RESIDENCE
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DESCRIPTION: SEX _____ RACE: _____ DATE OF BIRTH: _____ AGE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE NO. : _____ STATE: _____ EXP. DATE: _____

I, _____, have applied for employment with the Lexington-Fayette Urban County Government. Please fill in the reverse side of this form and return it to:

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT, DIVISION OF HUMAN RESOURCES
200 EAST MAIN STREET, LEXINGTON, KY 40507

This will authorize your agency to disclose to the Division of Human Resources, Lexington-Fayette Urban County Government, any and all information in your office's possession pertaining in any way to me and any conviction of any felony, misdemeanor or violation that I have as an adult.

SIGNATURE OF APPLICANT

DATE _____

ATTENTION LAW ENFORCEMENT AGENCY: PLEASE COMPLETE THE FORM ON THE BACK SIDE OF THIS RECORD CHECK AUTHORIZATION FORM AND RETURN IT TO OUR OFFICE IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE AS SOON AS POSSIBLE.

THANK YOU FOR YOUR COOPERATION.

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

CRIMINAL CONVICTIONS	YES_____	NO _____
TRAFFIC CONVICTIONS	YES _____	NO _____
AT FAULT CONVICTIONS	YES _____	NO _____

NOTE: IF “YES” ON ANY OF THE ABOVE, PLEASE GIVE DETAILS, DATES, FINES PAID, ETC., IN SPACE BELOW:

<u>ARREST DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>

DATE: _____ SIGNED: _____
NAME RANK OR TITLE

AGENCY NAME ADDRESS (ADDRESS CORRECTION REQUESTED)

APPLICANT - USE THIS SPACE FOR ADDITIONAL ADDRESSES

STREET NAME, APARTMENT #, ETC.				
CITY	STATE	ZIP	COUNTY	From ____ To ____ DATES OF RESIDENCE

STREET NAME, APARTMENT #, ETC.				
CITY	STATE	ZIP	COUNTY	From ____ To ____ DATES OF RESIDENCE