Applicant Pre-Screening Form

(Please Type or Print Clearly)

| Name of Facility or Employer: | | | | | | | | |
|---|-------------------|------------------------|---------|------------------------------------|-----|---------|-------------------------|--|
| Address of Employer: | | | | | | | | |
| Applicant's Last Name: | | | | Applicants First and Middle Names: | | | | |
| Maiden Name | : | Social Security Nur | nber | er: Date of Birth: | | th: | Gender: | |
| Government Issued ID (Include No. & Type) | | | | State or Agency of Issue: | | | | |
| Race: | | Eye Color: | | Hair Color: Ho | | Heig | leight (feet & inches): | |
| Weight (lbs): | | U.S. Citizen (Yes/No): | | Place of Birth: | | | | |
| Phone Number: | | Phone Number Type: | | Email | | | | |
| Current Physical Address Line One: | | | Cı | Current Physical Address Line Two: | | | | |
| City: | | State: | Zip Cod | | le: | | County: | |
| Current Mailing Address (if different): | | | Ci | City: | | | State: | |
| Zip Code: | Zip Code: County: | | Alt | lt Phone Number: Alt Ph | | Alt Pho | one Number Type: | |

| List all residences you have lived at during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed) | | | | | | | |
|---|---|------------------|-----------|----------------|---------------|--------------|--|
| Complete Address | it: (USE additional | i sheets ii heet | ieuj | | Year From | Year To | |
| | | | | | 100111011 | 100110 | |
| | | | | | | | |
| | | | | | | | |
| List all cities and states where you have worked during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed) | | | | | | | |
| City | State | iliat. (Use auu | Year F | | Year To | | |
| dity | State | | Tour Tr | | 100110 | | |
| | | | | | | | |
| | | | | | | | |
| List any aliases and oth | | | l; includ | ding any other | dates of birt | h and social | |
| security numbers: (Use | e additional sheets Iiddle Name | Last Name | | Date of Birth | Social Secur | ity Number | |
| 1 ii st vaine | illuic Name | Last Name | | Date of Birth | Social Secur | ity Number | |
| | | | | | | | |
| | | | | | | | |
| Have you ever been convicted of a crime? If you answered "YES" to the question above, please provide an explanation in this box for each conviction. Please provide the following: (1) offense(s) for which you were convicted; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed) Doyou have any charges (pending) against you for a crime? If you answered "YES" to the question above, please provide an explanation in this box for each charge. Please provide the following: (1) offense(s) for which you were charged; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed) Has any government or regulatory agency (other than the police) ever found that you abused | | | | | | | |
| Has any government or neglected any person if you answered "YES" where it happened. | on or client? | | _ | - | □Yes | □ No | |

Answering "NO" to all questions does not guarantee employment.

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS FORM. Please read the following acknowledgements carefully before you sign.

I understand that information requested regarding gender, race, height, eye color, hair color, weight, place of birth, citizenship and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law.

I understand that a false statement on any part of this form is grounds for either not hiring me, or firing me after I begin work. I consent to the release of information regarding a criminal history on me by the Kentucky State Police, Federal Bureau of Investigation (FBI), and any of its authorized agents. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

| Applicant's Signature: | Signature of Parent or Guardian if Under Age 18: | | | |
|---|--|---------------|--|--|
| Signature of Authorized Personnel at Hiring Facility: | Title: | Today's Date: | | |