

REQUEST FOR RECORD CHECK
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
REQUESTED BY: Boards and Commissions

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.

CITY	STATE	ZIP	COUNTY	From _____ To _____ DATES OF RESIDENCE
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PREVIOUS ADDRESSES (Must include last 5 years - space on reverse side)	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

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.

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 _____

FAX THE COMPLETED FORM TO HUMAN RESOURCES, 859-258-3059