

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