



**Employment Record Check  
Authorization**

Date: \_\_\_\_\_

County: Spencer

Dept./Office: \_\_\_\_\_

Initial below to indicate you understand or acknowledge the following statements.

\_\_\_\_\_ I understand that by completing this form I am authorizing the Spencer County Fiscal Court to complete a criminal history background check on me, which is required before I may be offered a position with the Spencer County Government.

\_\_\_\_\_ I acknowledge that if I intentionally provide inaccurate information on this form, I may be prosecuted pursuant to KRS 523.100.

\_\_\_\_\_ I understand that I am providing the basic information on this form necessary to qualify for record processing.

Please print information below:

First, Middle, Last Name: \_\_\_\_\_

Alias Name(s) (i.e., maiden): \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ (If a record is found, a copy will be emailed to you. No notification will be sent if no record is found.)

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**NOTICE: If you are not selected for a position within the Spencer County Government, this form and any background check will be shredded and will not be retained in electronic or paper format. If you are selected for a position within the Spencer County Government, this form and the corresponding background check will be retained by the Spencer County Judge Executive's office in your personnel file.**

**To Be Completed By Appointing Authority (Dept./Office)**

Appointing Authority: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_