Southern Ky Performing Arts Foundation Inc.
Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, color, national origin, age, religion, sex, sexual orientation, known disability or any other characteristic protracted by law.

**Personal Information**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Application</th>
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</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
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<table>
<thead>
<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Mobile Phone Number</th>
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<table>
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<tr>
<th>E-Mail Address</th>
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**JOB INTEREST**

<table>
<thead>
<tr>
<th>Position Applied For</th>
<th>Available to Start</th>
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<table>
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<tr>
<th>How did you hear of this opening?</th>
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<table>
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<tr>
<th>Indicate Availability to Work:</th>
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<tbody>
<tr>
<td>Full Time/Part Time/Days/Evenings</td>
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</table>

<table>
<thead>
<tr>
<th>Have you ever been employed by us before:</th>
<th>Are you legally permitted to work in this country:</th>
</tr>
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<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
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</table>

<table>
<thead>
<tr>
<th>Have you ever been convicted of a felony?</th>
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<tbody>
<tr>
<td>Yes/No</td>
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<tr>
<th>If yes please explain:</th>
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<tr>
<td>------------------------</td>
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**EDUCATION**

<table>
<thead>
<tr>
<th>Type</th>
<th>Name &amp; Location</th>
<th>Courses Taken</th>
<th>Graduated Yes/No/Enrolled</th>
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<tbody>
<tr>
<td>High School</td>
<td></td>
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<tr>
<td>College</td>
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<tr>
<td>Other</td>
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EMPLOYMENT HISTORY

Are you currently Employed? ____________________________

If so, may we contact your employer? ____________________________

(List previous employers beginning with most recent)

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Supervisor</th>
<th>Position</th>
<th>Employment Dates</th>
<th>Ending Salary</th>
<th>Reason for Leaving</th>
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Please explain any interruptions in your employment history

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Professional References
(Please list three references not related to you who have known you for at least one year.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>Address</th>
<th>Years known</th>
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PLEASE READ CAREFULLY AND CHECK THE CORRESPONDING BOX.

☐ I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

☐ I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record.

☐ I agree the SKyPAC Foundation and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application.

☐ In any event of any employment with the SKyPAC Foundation, I will comply with all rules and regulations as set by the Sky PAC Foundation in any communication distributed to the employees.

☐ I understand that employment at the SKyPAC Foundation is "at will", which means that either I or the SKyPAC Foundation can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

☐ Limitation on Claims: I agree that any claim or suit against the Southern Kentucky Performing Arts Center Foundation of any or its subsidiaries or affiliates arising out of any employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

I hereby acknowledge that I have read and understand the above statements. I have read, understand, and by my checking the corresponding box and signature below consent to these statements.

Signature ___________________________________________ Date _________________

Print Name ___________________________________________
CONFIDENTIAL
SKyPAC
Background Check Authorization

Print Name: ___________________________________________________________________________
(First) (Middle) (Last)

Former Names(s) and Dates Used: _______________________________________________________

Current Address Since: __________________________________________________________________
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address Since: __________________________________________________________________
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address Since: __________________________________________________________________
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: ________________________________ Date of Birth: ______________________

Telephone Number: ____________________________________________________________

Driver’s License Number/State: _______________________________________________________

The information contained in this application is correct to the best of my knowledge. I hereby authorize SKyPAC
and its designated agents and representatives to conduct a comprehensive review of my background causing a
consumer report and/or an investigative consumer report to be generated for employment and/or volunteer
purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is
not limited to the following areas: verification of social security number; current and previous residences;
employment history, education background, character references; drug testing, civil and criminal history records
from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and
any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security
Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to
me, to SKyPAC or its agents. I further authorize the complete release of any records or data pertaining to me
which the individual, company, firm, corporation, or public agency may have, to include information or data
received from other sources.

I hereby release SKyPAC, the Social Security Administration, and its agents, officials, representative or assigned
agencies, including officers, employees, or related personnel both individually and collectively, from any and all
liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates
because of compliance with this authorization and request to release.

Signature: _____________________________________________ Date: _________________________
SOUTHERN KENTUCKY PERFORMING ARTS CENTER
APPLICANT BACKGROUND CHECK
GUIDELINES

Goal

It is the goal of the Warren County Sheriff’s Office to check the background of each of the named applicant or volunteer participating in the operation of the Southern Kentucky Performing Arts Center to ensure the safety of all of the involved citizens of Warren County.

Information Exchange

SKyPAC shall be responsible for bringing the applications to the Warren County Sheriff’s Office Records Section for the background checks to be completed. They shall be hand delivered not faxed. It shall be understood that the background checks are second priority to the normal function of the WCSO Records Section. SKyPAC shall be responsible for making sure that the applications are legible and have the appropriate identifiers on the application for the background check. For a thorough check through AOC records, the applications must have name, any maiden names / previous names, address, at least a partial Social Security Number, and the applicant’s date of birth. If the forms are not legible, the WCSO records section will not be able to review or check records on that particular application.

WCSO is only utilizing the AOC’s Court Net program, Kentucky State Police Sex Offender Registry, and local warrant databases when checking backgrounds on the Southern Kentucky Performing Arts Center applicants. It is understood that WCSO is not able by law to run a full FBI Criminal History query for this process. This system is reserved for Criminal Justice
purposes only. Warren County Sheriff’s Office is not responsible for any records or history that may not be discovered during this process. This is not a comprehensive or complete criminal history process. In this agreement, the applicant must have given their consent for the WCSO to disclose information resulting from the background check with SKyPAC.

**Reasons for Denial**

Reason for denial of SKyPAC applicants can be but may not be limited to any of following reasons where the applicant has been *charged with* any of the following offenses. This is not to say that the applicant has been convicted of this offense, merely that they have a matching charge on their record. Again, it is up to SKyPAC to decide if any applicant can be accepted once the WCSO Records Section has denied the application. Another reason that an applicant could be denied would be for falsifying any information on the application to SKyPAC or any related paperwork.

The applicant can not have any of the following charges on their record:

- Any active or outstanding warrants of arrest
- Any felony offense
- Any offense involving a minor
- Any offense involving any type of violence or assault
- Any offense involving the carrying of a concealed deadly weapon (handguns, knives, brass knuckles and any other item that is covered by KRS)
- Any offense involving eluding or attempting to elude police
- Any offense involving possession, use, intoxication of, selling of, or promoting of illegal drugs or drug making materials
- Any offenses involving theft, burglary, or robbery
- Offenses involving alcohol within the last 24 months (these situations shall be reviewed on a case by case basis by SKyPAC)
Accepted / Approved Applications

Applications that have been reviewed and appear to be in compliance with the standards of the background process will be stamped with “WCSD RECORDS” in the bottom right corner.

Denied / Rejected Applications

Applications that have been reviewed and appear to be out of compliance with the standards of the background process will be stamped with “REJECTED WCSD RECORDS” in the bottom right corner.

Appeal Process

Any applicant that was denied by the WCSO during background check may choose to appeal the denial. The denied party shall contact SKyPAC for further information. WCSO will not discuss the process with the individual applicants. It shall be the decision of the leaders of SKyPAC to progress forward with any applicant that was denied by WCSO. This decision making authority lies solely with SKyPAC.
WARREN COUNTY SHERIFF’S OFFICE  
SOUTHERN KENTUCKY PERFORMING ARTS CENTER  
BACKGROUND CONSENT FORM

I have read and understand the agreement between the Warren County Sheriff’s Office and Southern Kentucky Performing Arts Center regarding the process for background checks. By affixing my signature and attaching my application, I hereby grant consent for background check to be completed by the Warren County Sheriff’s Office. I further consent and grant the release of my information to the SKyPAC personnel for discussion when considering my pending application. I also understand by not signing this release, I will be unable to be considered for employment or volunteer activity in activities with SKyPAC. Additionally, I understand that WCSO is not able by law to run a full FBI Criminal History query for this process. This system is reserved for Criminal Justice purposes only. Warren County Sheriff’s Office is not responsible for any records or history that may not be discovered during this process. This is not a comprehensive or complete criminal history process.

________________________________________  ______________________
Applicant Signature                             Date

____________________________________________
Print Name