



APPLICATION FOR EMPLOYMENT

SMG considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, SMG complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. SMG also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable laws.

To receive proper consideration of this application, ALL questions on this application must be answered.

| | | | |
|--|--|------------------------|--------------------|
| PERSONAL INFORMATION (PLEASE PRINT) | | Date of Application | |
| Name (Last Name, First Name, Middle Initial) | | Social Security Number | |
| Current Address | City | State | Zip Code |
| Telephone Number | | Referred By | |
| Are you over age 18? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, state your age | Position Requested |
| If under 16, do you have working papers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Available | |

EDUCATION

| | | | |
|----------------------------------|-----------------|--------------------------|---|
| High School Name and Address | Course of Study | Number of Years Attended | Highest Grade Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |
| College School Name and Address | Course of Study | Number of Years Attended | Highest Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Diploma or Degree Received | | | |
| Other (specify) Name and Address | Course of Study | Number of Years Attended | Highest Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Diploma or Degree Received | | | |

PERSONAL INFORMATION

Do you have any relatives or personal friends in the employment of SMG? Yes No
If yes, please state:

| | |
|------|--------------|
| Name | Relationship |
| Name | Relationship |

FIDELITY INFORMATION

Have you ever worked in a position which required you to be bonded? Yes No

| | |
|----------------------------------|--------------------|
| If yes, please describe in full: | Name of Supervisor |
|----------------------------------|--------------------|

Have you ever been convicted of a crime excluding misdemeanors or traffic violations? Yes No

| |
|--|
| If yes, please state the nature of offense, when, where and disposition. |
|--|

Answering yes WILL NOT necessarily disqualify you from consideration.

This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes No

| |
|-------------------------|
| If yes, please explain. |
|-------------------------|

THE BANK OF KENTUCKY CENTER

HOURS OF AVAILABILITY



NORTHERN KENTUCKY UNIVERSITY

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------|--------|--------|---------|-----------|----------|--------|----------|
| Start Time | | | | | | | |
| End Time | | | | | | | |

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

The report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.