

QUALIFICATION INQUIRY FORM

Employee Name: _____

Social Security #: _____

Agency: _____

INQUIRY

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute (18 U.S.C. 921)? **YES** _____ **NO** _____

2. If you answered **YES** to question number (1), provide the following information with respect to the conviction:

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

Within ten (10) working days of receipt, you are required to complete this Inquiry and provide it to your immediate supervisor. Please be advised of the following:

- A. You have a duty to complete this form. Agency disciplinary action, including dismissal may be undertaken if you refuse to answer or if you fail to reply fully and truthfully.

- B. Due to the seriousness of the penalties associated with this law, Central Office staff shall also conduct a records check through the LINKS program to ensure accuracy of information received.

- C. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for violation of Title 18, United States Code, Section 922 (g) (9). However, the answers you furnish and any information or evidence resulting therefrom, may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of agency disciplinary proceedings.

Authorization to Conduct Criminal Records Check, Driving History Records Check, and Credit Reports Check

(Please Read Carefully Before Completing and Signing)

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and shall not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Printed full name of applicant and current address:

Name (First, Middle, Last) _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____

Social Security Number _____ Date of Birth (m/d/y) ____/____/____

Driver's License Number _____ Race _____

Have you ever been convicted of a crime (Omit minor traffic offenses)? Yes ___ No ___

If Yes, please explain charges and disposition. (Use an additional sheet of paper if necessary)

What State, What County, and What Year did these convictions occur? _____

I authorize the Kentucky Department of Corrections and their agents to investigate my background as part of my application for employment or as a volunteer. This may include information contained in public records, which may include credit history, criminal files at the county, state and federal jurisdiction levels, and motor vehicle records. Moreover, I hereby release the State of Kentucky and the Kentucky Department of Corrections and any agent acting on its behalf from any liability of whatsoever nature of requesting information from any person.

Signature of Applicant _____ *Date* ____/____/____

I hereby certify, to the best of my information and belief, all the information provided by me is true, correct, complete and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action, up to and including my dismissal, and is also criminally punishable pursuant to federal law, including 18 U.S.C. 1001.

Employee Signature

Date

cc: Personnel File