



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 18, 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

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

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

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, SMG will verify the status of every individual offered employment. In connection with these laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization after an offer of employment is made.

Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer?

All employers

Current employer only

EMPLOYMENT HISTORY

Give names and addresses of previous employers during the last ten (10) years, including civil service. List in order with current or last employer first and if additional space is required, a separate attachment may be added. If you are now working, give name and address of present employer and state such reason or desire to resign. Also give reason for any lapse of time between periods of employment.

| | | | |
|---|----------------------|---|----------|
| Employer's Name and Address | Telephone Number | Salary / Wages per hour | |
| | Immediate Supervisor | Date Started | End Date |
| | Reason for leaving | May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe in detail the work you performed | | | |

| | | | |
|---|----------------------|---|----------|
| Employer's Name and Address | Telephone Number | Salary / Wages per hour | |
| | Immediate Supervisor | Date Started | End Date |
| | Reason for leaving | May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe in detail the work you performed | | | |

| | | | |
|---|----------------------|---|----------|
| Employer's Name and Address | Telephone Number | Salary / Wages per hour | |
| | Immediate Supervisor | Date Started | End Date |
| | Reason for leaving | May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe in detail the work you performed | | | |

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

1. Have you ever been dismissed or forced to resign from employment? Yes No

If yes, please describe in full:

| | | |
|-------------------------------------|------|----------|
| PREVIOUS EMPLOYMENT WITH SMG | Date | Location |
|-------------------------------------|------|----------|

Please read and sign below

I understand and voluntarily agree that:

- The facts set forth in my application for employment are true and complete. I understand that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for refusal of employment, or, if employed, termination from SMG.
- I understand that if employed, I may be required to submit to drug and alcohol testing at various times without prior notice. A positive report from a drug or alcohol test will disqualify me from employment and will result in my termination.
- You are hereby authorized to make any investigation or verify all the information provided by me concerning, among other things, my prior employment, driving or criminal record, mode of living and/or other background data, including credit information, as it may relate to the position(s) I am applying for. I understand that upon written request to the Company, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
- I authorize and request that all of my present and former employers and those individuals that I establish as personal references furnish information about my employment records, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.
- I understand that in the event I am employed, my employment and compensation may be terminated with or without cause, with or without notice, at any time, at the option of either the company or me. I further understand that no representative of SMG, other than the President/CEO or his/her designee has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature

Date

| FOR OFFICE USE ONLY | | | | |
|-----------------------|----------|-------------|------------|----------|
| Original Date of Hire | Position | Shift | Start Date | Location |
| Interviewed By | | Employed By | | |

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.

THE BANK OF KENTUCKY CENTER

HOURS OF AVAILABILITY



NORTHERN KENTUCKY UNIVERSITY

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