Kentuck Art Center & Festival

Employment Application

Kentuck Museum Association
503 Main Avenue
Northport, AL 35476
205-758-1257
www.kentuck.org

INSTRUCTIONS:
Answer every question. Leave no blank spaces.
If a question does not apply to you, write N/A (Not Applicable)
Please type or print this form: (1) legible, (2) BLACK ink only.
Incomplete applications will not be considered for employment.

All previous editions are obsolete. 11/03/2026

Kentuck Museum Association

By applying for employment, I authorize Kentuck Museum Association, Kentuck, and its employees and representatives to request information from and consult with any third party (including any former employers) who may have information on me including my qualifications, competence, character, stability, habits, behavior, and prior work performance. This authorization includes the right to inspect and/or obtain any and all documents and records (i.e. criminal background history, department of motor vehicle history, and/or sexual offender status) of any kind from third party source unless protected by a statutory or judicially created privilege. I authorize any such third party to release this information to Kentuck, and I hereby release Kentuck, its employees and representatives, and any such third party from any and all liability with respect to any acts, communications, recommendations, disclosures and/or expressions of opinion concerning information requested, transmitted, evaluated, and used in considering my application for employment and subsequent employment (if any) with Kentuck.

I understand that employment with Kentuck is voluntarily entered into, and I am free to resign at will at any time, with or without cause. Similarly, Kentuck may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.

_____ _____

Signature **Date**

Kentuck Museum Association

The Kentuck Museum Association is committed to equal opportunity in employment and does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, or citizenship or veteran status as provided by law.

Date of Application_____ Date of Birth: _____

Position(s) Applied For:_____

NAME_____
Last First Middle

PRESENT ADDRESS_____
Street# City State Zip

PREVIOUS ADDRESS_____
Street# City State Zip

Telephone #(___)_____ SOCIAL SECURITY #_____

DRIVER'S LICENSE #_____ EMAIL ADDRESS:_____

EMERGENCY CONTACT_____Phone #_____

Are you under the age of 18? _____YES _____NO

Have you ever filed an application here before? _____YES _____NO
If YES, when?_____

Have you ever been employed here before? _____YES _____NO
If YES, give DATES and POSITION?_____

Are you employed now? _____YES _____NO

May we contact your employer? _____YES _____NO

On what date would you be available for work?_____

Are you available to work: _____PART-TIME _____FULL TIME

Are you a Veteran of U.S. Military Service? _____YES _____NO
If YES, BRANCH_____

Are you able to perform the essential functions of this job with or without reasonable accommodation? ____YES ____NO

Have you ever been convicted of a felony? ____YES ____NO

If YES, please explain_____

_____

EMPLOYMENT EXPERIENCE

Start with your PRESENT or most recent job.

Name & Address of Employer	From(mo/yr)To (mo/yr)	Describe Work:	Describe Work	Reason for Leaving
	From: To:		START: $ END: $	

EMPLOYER PHONE # (_____) _____ Supervisor's NAME _____

Name & Address of Employer	FROM(mo./yr.) TO(mo./yr.)	Describe Work:	List Starting Salary and Ending Salary	Reason for Leaving
	From: To:		START: $ END: $	

EMPLOYER PHONE # (____) _____ Supervisor's NAME _____

Name & Address of Employer	FROM(mo./yr.) TO(mo./yr.)	Describe Work:	List Starting Salary and Ending Salary	Reason for Leaving
	From: To:		START: $ END: $	

EMPLOYER PHONE # (____) _____ Supervisor's NAME _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from other employment or other experience:

_____

_____

_____

List professional, trade, business, or civic activities and offices held, (Exclude those which indicate race, sex, national origin, religion, or color) _____

_____

_____

_____

PERSONAL REFERENCES

Name	**Occupation**	**Address** *(include Street, City, State, Zip)*	**TELEPHONE Email**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the department.

I understand that employment with Kentuck is voluntarily entered into, and I am free to resign at will at any time, with or without cause. Similarly, Kentuck may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.

Signature of Applicant **Date**

Kentuck Museum Association
Credit Report Disclosure and Authorization Form
[This form is only required if you are offered the position, and before start date]

In processing your application for employment or, if you are offered employment, at any time during your employment, Kentuck Museum Association (Kentuck) may obtain a consumer credit report from **Employment Screening Services** for employment purposes concerning credit worthiness, credit standing, and credit capacity.

Upon receiving the copy of your credit report, if you want to dispute the accuracy or completeness of any item in it, you may contact the consumer reporting agency, whose address and telephone number are included in the report, and request an investigation. (A summary of our rights under the Fair Credit Reporting Act is attached to this form.) If you disagree with the accuracy of any information in the report, you must notify Kentuck within two days of the receipt of the report that you are challenging information in the report. Kentuck will not make a final decision on our employment status until you have had a reasonable opportunity to address the information contained in the report.

Note that if you are denied employment or an adverse employment action is taken based on information obtained in the credit report, you will be notified and provided with a copy of the report as well as a written description of your rights under the Fair Credit Reporting Act.

Please read this form carefully before signing and dating it below, which will authorize Kentuck to obtain a consumer credit report on you as part of the pre-employment background screening process or, if you are offered employment, for employment purposes at any time during your employment.

I consent to this investigation and hereby authorize Kentuck to obtain a consumer credit report on my background for employment purposes only and acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act.

Name (please print):_____

Signature: _____ Date: _____

Date of Birth:_____

Driver's License:_____

Kentuck Museum Association
DRUG AND ALCOHOL CONSENT/RELEASE FORM
[This form is only required if you are offered the position, and before start date]

I have read and acknowledge receipt of the Kentuck Museum Association's (Kentuck) Drug and Alcohol Policy. I agree, as a condition of my initial or continued employment by Kentuck to be bound by the terms, conditions and provisions of Kentuck's Drug and Alcohol Policy. I agree to submit to Pre-Placement, Random, Post-Accident and Reasonable Suspicion/Cause and/or alcohol tests in accordance with the terms of this Policy.

I do hereby give my consent to Kentuck to collect a sample of urine, blood and/or breath from me on this date, and I further give my consent to Kentuck to forward the sample(s) to the laboratory for its performance of appropriate tests thereon to identify the results of such tests to Kentuck's Medical Review Officer. I authorize the Medical Review Officer to release to Kentuck.

I expressly authorize the Kentuck or its Medical Review Officer to release any test-related information, including positive results, to the Unemployment Compensation Agency, or any other relevant government agency.

I understand that I am subject to post-accident testing I must remain available, or my employer may consider me to have refused to submit to testing. I must refrain from consuming alcohol for eight hours following the accident, or until I submit to an alcohol test. I also understand that if this test is being conducted because of an accident I was involved in, and I refuse to submit to standards adopted by the U.S. Department of Transportation in 49 C.F.R. 40 and 382, as amended, that such refusal will forfeit my rights to recover worker's compensation benefits as set forth in Alabama Code 25-5-1 et seq.

I understand that this agreement in no way limits my rights to terminate my employment or be terminated in accordance with federal, state, and local laws.

I also understand that it is not the purpose of this test to identify any disability I may have.

_____ _____
Name Printed Date

_____ _____
Signature Witness

_____
Social Security Number