



Candidate Applicant Nomination and Certification Application

I, _____, do hereby submit my application to be considered for the position of director on the South Kentucky RECC board of directors representing District ____.

Name: _____ Member ACCT#: _____

Address: _____
(Street, City, State and Zip)

Telephone: _____ Cell Phone: _____

Email: _____

I have completed and enclosed the following information:

- 👤 Certification of Residency
- 👤 Candidate Applicant Self-Certification Form
- 👤 2019 SKRECC Director Nominating Petition with necessary signatures
- 👤 Background Check Authorization Form
- 👤 Background Check Disclosure Form
- 👤 Background Check Payment - Check to SKRECC in the amount of \$60 – Non-Refundable

I, _____, certify that all of the information provided by me on this form and all accompanying forms is, to the best of my knowledge and belief, true, correct and complete.

Signature: _____ Date: _____

This form and all of the items above must be submitted to SKRECC, Front Cashier Counter, Somerset Headquarters Office, **no later than 4:00 pm EST Tuesday, January 15, 2019**. Application Packets that are incomplete, submitted to an alternate SKRECC address, or received by SKRECC after the stated deadline (regardless of postmark) will not satisfy requirements and will result in the application package being rejected.