# UCONN HEALTH

# **BACKGROUND INFORMATION SHEET**

## PLEASE COMPLETE ALL SECTIONS AND SIGN AT THE BOTTOM

The following information is being solicited for purposes of conducting pre-employment criminal and/or other background checks only and is not used in employment decisions unrelated to the results of the background check.

N/A

Name:	Home Address:
Last First Middle (spell out)	Number Street City/Town State Zip
Social Security Number:	Date of Birth:
Contact Phone: Home Phone:	MM/DD/YYYY
e-mail:	Place of Birth:
Marital Status:SingleMarriedDivorced Maiden Name: Aliases:	City and State or Country Citizenship: Visa Status:
Race      Eyes      Height       Physically Disabled:        Sex      Hair      Weight      Yes      No         Identifying Scars/marks/tattoos (type & location):      No      No	Drivers License Yes No State: License #: List the states that you have lived in the last 7 years:

### Are you related to, or an unmarried partner of, an employee at UConn Health? \_\_\_YES \_\_\_NO

If "YES" list below. Continue on the reverse side if necessary. Per UConn Health Policy #2002-51 a relative is a spouse, father, mother, sister, brother, child, the spouse of a child, or any relative who is domiciled in the employee's household.

Name	Relationship	Department

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? Exclude minor traffic violations, or any offense settled in juvenile court or under a youth offender law. \_\_YES \_\_\_NO

If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary. **Special Note:** Under the provisions of (C.G.S. § 46a-80 a person is not disqualified from state employment solely because of a prior conviction of a crime. The state can deny employment if a person is found unsuitable after considering (1) the nature of the crime, (2) information relating to the degree of rehabilitation, and (3) the time elapsed sine the conviction. You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes §46b-146, 54-760, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-760), a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-742a).

Date	Place	Court Location	Offense(s)	Disposition

Have you ever been excluded, disbarred, restricted, disqualified, or sanctioned from any Federal or State programs or government organizations? \_\_YES \_\_NO If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary. For the CMHC program, fingerprints taken by the Department of Correction will be submitted to the Connecticut State Police and the FBI for a criminal history check.

Date	Place	Agency	Funding	Current Status

### Have there ever been any actions against your professional license(s)? \_\_YES \_\_NO

If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

Date	Place	Agency	Funding	Current Status

Have you brought or will you be bringing (or having transported) to UConn Health ANY VXYa ]VV/gžfUX]cUVMj Y`a UHYf]U`g`UbX#f`Ubm V]c`c[]VV/`a UHYf]U`g`H. UhUfY`j ]fi gYg`fcf`H. Y]f`[Ybca Ygbz`VUVW/f]Uz`Zi b[]žf]VV\_YHg]Uz`a nWfcd`Uga UzdUfUg]HjWcrganisms V]c`c[]VV`hcl ]bgz cf`GY`YVWi5[Ybhg3'''''''\_YES\_\_\_NO

I certify that the information provided by me in the Background Information sheet is COMPLETE and TRUE to the best of my knowledge and is made in good faith. I understand that if I knowingly make any misstatement of facts or fail to provide required information I am subject to disqualification or dismissal and other penalties as they may be prescribed by law, policy, or regulation. This sheet is not complete without a wet signature. Digital signatures are not acceptable.

SIGNATURE:	DATE SIGNED:
OFFICIAL USE ONLY	
MUST BE COMPLETED BY HIRING DEPARTMENT	PUBLIC SAFETY USE ONLY
submittedAbromaitis DDuggal JHobson MLeone MLogan N by:Rucker PSeklecki DSmith JStockwell LOther:	Result/Date Cleared
return to:Abromaitis DDuggal JHobson MLeone MLogan NRucker PSeklecki DSmith JStockwell LOther:	Rejected - failure to disclose//
area:CMHCClinical OperationsClinical FacultyDay CareDental ClinicsITNon-ClinicalResearch GME	Rejected - criminal history//
type:PaidVolunteerGrad AssistantDental Resident/Non-SurgicalUnpaidStudentNon-Affiliated Student/InternContractor:	Administrative Review Pending//
	Administrativo Poviow Complete

job title: