

The information being solicited on this form is for 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.

Name: _____
Last First Middle (spell out)

Social Security Number: _____

Contact Phone: _____ Home Phone: _____

email: _____

Maiden Name: _____ Aliases: _____

Marital Status: Single Married Divorced

_____ Race _____ Eyes _____ Height Physically Disabled: _____

_____ Sex _____ Hair _____ Weight Yes No

Identifying Scars/marks/tattoos (type & location): _____

Home Address: _____
Number Street City/Town State Zip

Date of Birth: _____
MM/DD/YYYY

Place of Birth: _____
City and State or Country

Citizenship: _____ Visa Status: _____

Drivers License Yes No

State: _____ Licence #: _____

List the states that you have lived in the past: _____

Are you related to, or an unmarried partner of, an employee at the UConn Health Center? YES NO

If "YES" list below. Continue on the reverse side if necessary. Per UConn Policy on Employment and Contracting for Service of Relatives, a relative is a spouse, child, step-child, child's spouse, parent, brother, sister, brother-in-law, sister-in-law, dependent relative or a relative 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 since 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, 54-76o, 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 may be erased are records pertaining to a finding of delinquency or 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. § 54-76o), a criminal charge that has been dismissed or nolleed, 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. § 54-142a).

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.

Date	Place	Agency	Funding	Current Status

Have there ever been any actions against your professional license(s)? YES NO N/A

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 chemicals, radioactive materials and/or any biological materials that are pathogenic, viruses, bacteria, biological toxins, fungi, rickettsia, mycoplasma or parasitic organisms? YES NO

If "YES", IMPORTANT REQUIREMENT: You must contact Environmental Health & Safety 860-679-2723 or jacobs@uchc.edu upon arrival.

I certify that the information provided by me on 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.

SIGNATURE: _____ DATE SIGNED: _____

UNPAID EXPERIENCES USE

Host must complete this section

Host Name: _____

Host Department: _____

Begin Date: _____ End Date: _____

VOLUNTEER USE

Bartis L

Volunteer Type: _____

OTHER USE

Vendor Contractor

Company Name: _____

UConn Health Contact: _____

HUMAN RESOURCES USE

Submitted by/return to:

Alexander D	McNamara E	Coco
Duggal J	Rucker P	Das
Leone M	Smith J	Dorenburg
Logan M		

Area:

Clinical Ops	Day Care	Non Clinical
Clinical Faculty	Dental Clinics	Research
		IT

Employee Type:

Regular	Dental Resident/ Non-Surgical	Student
Grad Assistant		

Job Title: _____

PUBLIC SAFETY USE

Result/Date

___ Cleared

___ Rejected - failure to disclose ___/___/___

___ Rejected - criminal history ___/___/___

___ Administrative Review Pending ___/___/___

___ Administrative Review Complete ___/___/___