

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)

Home Address: _____
Number and Street

Date of Birth: _____ Gender: _____
MM/DD/YYYY

City State Zip

Social Security Number: _____

List States you have Lived in Previously:

Phone: _____

Place of Birth: _____
City and State or Country

email: _____

Citizenship: _____ Visa Status: _____

Maiden Name: _____ Aliases: _____

Drivers License Yes No

State: _____ Licence #: _____

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.

INK OR DIGITAL

SIGNATURE: _____ DATE SIGNED: _____

HUMAN RESOURCES USE

Submitted by/return to:

Area:

Employee Type:

Job Title: _____

VENDOR/CONTRACTOR USE

Vendor/Contractor:

Company Name: _____

UConn Health Contact: _____

VOLUNTEER USE

Contact:

Volunteer Type: _____

EXPERIENTIAL EDUCATION HOST USE

Host Name: _____

Host Department: _____

Begin Date: _____ End Date: _____

Area: _____ Type: _____

PUBLIC SAFETY USE

Result:

Date: _____