



Policy 4.15 – Background Check Application Form

Applicant Information (Complete the following requested information and return to the background check coordinator)

Applicant Full Name: First Middle Last Country of Residence
Does applicant have an SSN? No Yes Social Security Number Email
Date of Birth (for ID purposes only) Daytime Phone Number Driver's License#/State of Issue Male Female
Present Address: Street City State Zip

Convictions

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor? No Yes (misdemeanors include DUI)
If you answered "yes," please answer the following:

Conviction Conviction Type Conviction Date (mm/dd/yyyy)
County City State

Conviction description: details of all offenses including nature, circumstances and dates. Attach additional sheets if necessary.
A conviction will not necessarily be a bar to employment.

[Empty box for conviction description]

Aliases/Other Names

First Name Middle Last Generation (suffix)
Does applicant have a maiden name? No Yes Maiden Name:

Previous Addresses

Applicant, please provide addresses of residences for the past seven years, including street address, city, state, zip code and country, and dates of residence for each address.

[Three empty lines for previous addresses]

Applicant Signature Date

To Be Completed by Hiring Unit
Title and Posting Number (if applicable) of Position Offered
Hiring Manager Department
Submitted by Campus Phone
Is candidate an internal applicant or external applicant? Internal External
For OHR or Unit Background Check Coordinator Use Only
Date background check completed: Approved for hire: Yes No
Background Check Coordinator (print name) Signature