

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.

Name: _____
Last First Middle (spell out)
 Social Security Number: _____
 Contact Phone: _____ Home Phone: _____
 e-mail: _____
 Marital Status: ___ Single ___ Married ___ Divorced
 Maiden Name: _____ Aliases: _____
 _____ 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: _____ 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 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. 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 ___ 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 WYb [W] gZ fUX]cUWij Y'a UHYf]U'g UbX#f'Ubrn V]c`c[]W'`a UHYf]U'g`h UhUfY j]fi gYg fcf`h`Y]f [Ybca YgZ VUWf]Uz`Z b[]z`f]W`YHgjUz`a nWcd Uga Uz`dUfUg]H]Wcrganisms V]c`c[]W'`hcl]bgz cf`GY`YVW5[Ybrg3..... ___ YES ___ NO

If "YES", IMPORTANT NOTE: You must contact (A) çá[] { ^ } çP^a ççBÜæ^c Ä i eñ j Eç G-H! Asç à•O` &@P`Ä[]] Äççç.

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

submitted by: ___ Abromaitis D ___ Duggal J ___ Hobson M ___ Leone M ___ Logan N
 ___ Rucker P ___ Seklecki D ___ Smith J ___ Stockwell L ___ Other: _____
 return to: ___ Abromaitis D ___ Duggal J ___ Hobson M ___ Leone M ___ Logan N
 ___ Rucker P ___ Seklecki D ___ Smith J ___ Stockwell L ___ Other: _____
 area: ___ CMHC ___ Clinical Operations ___ Clinical Faculty ___ Day Care
 ___ Dental Clinics ___ IT ___ Non-Clinical ___ Research
 type: ___ Paid ___ Volunteer ___ Grad Assistant ___ Dental Resident/Non-Surgical
 ___ Unpaid ___ Student ___ Non-Affiliated Student/Intern ___ Contractor: _____
 job title: _____

PUBLIC SAFETY USE ONLY

Result/Date
 ___ Cleared
 ___ Rejected - failure to disclose ___/___/___
 ___ Rejected - criminal history ___/___/___
 ___ Administrative Review Pending ___/___/___
 ___ Administrative Review Complete ___/___/___