UNC HUMAN RESOURCES	**DEPARTMENT BACKGROUND CHECK REQUEST FORM**

The following form is to be completed by a Departmental Representative to initiate a background check. *** -- Required Information**

Submit completed form via email to the background check unit at backgroundcheck@unc.edu *and copy your assigned OHR Employment Consultant, when applicable.*

*Date:

Candidate Information

*Legal Name – First: | ***Middle:**

Maiden: | ***Last:**

*Email Address:

Existing Empl ID (if applicable):

Appointment Type

*Affiliation Type *(select one)*:

- ☐ SPA Permanent
- ☐ SPA Temporary
- ☐ EPA Non-Faculty Permanent
- ☐ EPA Non-Faculty Temporary
- ☐ Faculty
- ☐ Visiting/Adjunct Faculty
- ☐ Post-Doc
- ☐ Post-Doc (all but dissertation)
- ☐ Intern
- ☐ Visiting Scholar
- ☐ Volunteer
- ☐ UNC-CH Student – Resident Advisor
- ☐ UNC-CH Independent Contractor (*specify below*)
- ☐ Other (*specify below*)

If a UNC-CH Independent Contractor or Other affiliation type, please describe the tasks that are expected to be performed:

*Position Appointment/Title:

*Position Number *(if applicable)*:

Other Reasons for Background Check

*Select one of the following Appointment Types:

- ☐ New Employment
- ☐ Reemployment
- ☐ Job Change
- ☐ Promotion
- ☐ New Affiliate Appointment
- ☐ New Post Doc Appointment

*Choose one of the following special categories, if applicable:

- ☐ Not Applicable
- ☐ Annual Re-Screen *(explain below)*
- ☐ CDC Select Agent
- ☐ Contact with Minors
- ☐ Credentials Check Only (post appointment)
- ☐ Driving Check Only (post appointment)

Comments:

*Is the applicant a UNC student who will have contact with minors or sensitive populations?
☐ Yes   ☐ No

*Motor Vehicle History *(choose Yes only if driving is required for the position)*
☐ Yes   ☐ No

*Professional License Verification *(choose Yes if professional license is required for the position)*
☐ Yes   ☐ No

*US Degree Verification *(choose Yes if a degree is required for the position)*
☐ Yes   ☐ No

*Foreign Degree Verification *(choose Yes to indicate that the applicant possesses a foreign degree)*
☐ Yes   ☐ No
(Note: Departments are responsible for verifying all foreign degrees.)

Department Information

*Department Name: | ***Department Number:** | ***Campus Box:**

*Department Rep Name: | ***Phone #:** | ***Fax #:**

*Return Results to: | OHR SPA/EPA-NF Consultant:

Chartfield:	***Fund:**	***Source:**	***Account:**	Program: *(if applicable)*	Cost: *(if applicable)*	Project ID: *(*For fund codes 25XXX)*