

**DO NOT MODIFY THIS FORM**  
**UNIVERSITY OF CALIFORNIA, DAVIS**  
**LIVESCAN FINGERPRINT BACKGROUND CHECK AUTHORIZATION FORM**

<p><b>EMPLOYMENT PROGRAM</b></p> <p><input type="checkbox"/> VOLUNTEER*</p> <p><input type="checkbox"/> PSS\STAFF*</p> <p><input type="checkbox"/> MSP*</p> <p><input type="checkbox"/> ACADEMIC*</p> <p><input type="checkbox"/> SR. MGT*</p> <p><input type="checkbox"/> STUDENT **</p> <p><i>STUDENT TITLE CODES:</i>  4919, 4920, 4921, 4329, 4923,  4924, 4925 (UNDERGRADUATE  STUDENTS)</p> <p><i>* REQUIRES BOTH DOJ &amp; FBI CHECKS</i></p> <p><i>** UNDERGRADUATE STUDENT  EMPLOYEES REQUIRE ONLY A DOJ  CHECK;</i></p>	<p><b>SELECT ACTION TYPE</b></p> <p><input type="checkbox"/> NEW HIRE</p> <p><input type="checkbox"/> PROMOTION</p> <p><input type="checkbox"/> DEMOTION</p> <p><input type="checkbox"/> TRANSFER</p> <p><input type="checkbox"/> RECLASS</p> <p><input type="checkbox"/> PD UPDATE</p> <p><input type="checkbox"/> CONTRACT</p> <p><i>NOTE: YOU MAY WISH TO  CONTACT HR TO CONFIRM IF  APPLICANT HAS EXISTING  CHECK</i></p>	<p><b>APPLICANT'S NAME:</b> (LAST, FIRST, MIDDLE INITIAL)  _____</p> <p><b>CURRENT EMPLOYEE</b> Y N    <b>EMPLOYEE ID:</b> _____</p> <p><b>PEOPLEADMIN REQUISITION#</b> 03 _____    <b>TITLE CODE:</b> _____  <b>REQUIRED FOR STUDENTS / NEW HIRE/ PROMOTIONS)</b></p> <p><b>PAYROLL TITLE:</b> _____</p> <p><b>ASSIGNED RECRUITER:</b></p> <p><input type="checkbox"/> EDNA BACA                      <input type="checkbox"/> LEANA QUANT-FARAGASSO</p> <p><input type="checkbox"/> JON HILL                              <input type="checkbox"/> MAXINE ROGERS</p>
<p><b>RECHARGE INFORMATION:</b></p> <p><b>6 DIGIT DEP'T CODE</b>  _____</p> <p><b>EXPENSE AUTHORIZED BY:</b>  _____</p> <p><b>DATE:</b>        /        /</p>	<p><b>DAFIS</b></p> <p><b>CHART OF ACCOUNTS</b>  _____</p> <p><b>7 DIGIT DAFIS ACCT #</b>  _____</p> <p><b>DO NOT SPLIT FEES</b></p> <p><b>[ HR RECHARGE BY:</b>  _____  INITIALS]</p>	<p><b>HIRING DEPARTMENT NAME:</b> _____</p> <p><b>DEPT CONTACT NAME</b> _____</p> <p><b>NOTE: INFORMATION REGARDING BACKGROUND CHECKS IS CONFIDENTIAL, INTENDED  ONLY FOR THE INDIVIDUAL LISTED TO RECEIVE "YES/NO" RESULTS.</b></p> <p><b>E-MAIL:</b> _____                      <b>PHONE:</b> _____</p> <p><b>ALTERNATE CONTACT NAME:</b> _____</p> <p><b>E-MAIL</b> _____                      <b>PHONE:</b> _____</p> <p><b>FORM COMPLETE BY:</b>  <b>NOTE: COMPLETE ONLY IF NOT SAME AS CONTACT PERSON</b></p> <p><b>E-MAIL:</b> _____                      <b>PHONE:</b> _____</p>
<p><b>DEPARTMENT COMMENT:</b>  _____  _____</p>		

*FOR HUMAN RESOURCES ONLY*

<p><b>HR Notes:</b>  _____  _____  _____</p> <p><b>RESCAN REQUIRED:</b>  _____</p> <p><b>FOLLOW UP:</b>  _____</p> <p><b>DOJ REJECT/RESUBMISSION:</b>  _____</p> <p><b>FBI REJECT/RESUBMISSION:</b>  _____</p> <p><b>DOJ REC'D:</b>                      <b>FBI REC'D:</b>                      <b>REFERRED DATE:</b>                      <b>[ C / NC ]</b></p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 70%;"><b>Date Entered P:</b></td> <td style="width: 30%;"><b>C:</b></td> </tr> </table>	<b>Date Entered P:</b>	<b>C:</b>
<b>Date Entered P:</b>	<b>C:</b>		
<p>ORIGINAL – LIVESCAN AGENCY (CENTRAL HR)  COPY – DEPARTMENT FILE</p>			

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**UNIVERSITY OF CALIFORNIA, DAVIS**  
**AUTHORIZATION TO RELEASE INFORMATION FORM**

NOTE: SUBMITTING AN INCOMPLETE OR ILLEGIBLE FORM MAY DELAY THE LIVSCAN BACKGROUND CHECK RESULTS; IF BEING SCANNED AT THE UC DAVIS POLICE DEPARTMENT THESE FORMS MUST BE TAKEN TO THE APPOINTMENT. THIS IS A CONFIDENTIAL FORM. DO NOT SCAN AND/OR E-MAIL. IF BEING SCANNED AT AN OFF-CAMPUS LOCATION, FAX ONLY TO OUR SECURE LINE 530-752-3667.

*Completed by Applicant/Employee*

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment in a critical position. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written employment application which I sign. I understand that UCD positions that are designated critical require background checks for the purpose of evaluating me for employment, promotion, reassignment, reclassification, transfer, or retention as an employee.

**PRINT NAME:** \_\_\_\_\_  
Last First Middle

**OTHER NAMES YOU HAVE USED:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
Street Number & Name City State Zip

**HOME PHONE #:** \_\_\_\_\_ **BUSINESS PHONE #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION:** \_\_\_\_\_  
License number Expiration Date State of Issue

**SINCE YOUR 18<sup>TH</sup> BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY, FELONY-REDUCED-TO MISDEMEANOR OR MISDEMEANOR BY ANY COURT? MISDEMEANOR AND/OR FELONY CONVICTIONS RELATED TO THE FUNCTIONS OF THE POSITION WILL BE CONSIDERED FOR EMPLOYMENT-RELATED DECISIONS. YOU MAY OMIT CONVICTION OF A MISDEMEANOR WHILE UNDER AGE 18 IF THE RECORD WAS SEALED UNDER PENAL CODE 1203.45, MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE IMPOSED WAS \$400.00 OR LESS, ANY OFFENSE THAT WAS FINALLY SETTLED IN JUVENILE COURT OR REFERRED TO THE YOUTH AUTHORITY, OR ANY CONVICTION SPECIFIED IN HEALTH AND SAFETY CODE SECTION 11361.5 WHICH PERTAINS TO CERTAIN MARIJUANA OFFENSES.**  
 YES  NO

*If yes, please indicate date, location and explanation (continue on reverse side if necessary):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIVACY NOTICE**

The state of California, Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for critical positions. University policy and federal statute authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment.

The University official responsible for maintaining the information contained on this form is the Human Resources Department for all staff and Student Employment for students of the University of California, Davis.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that the University of California, Davis solicits this information so as to be informed of my previous record and character. I understand that my employment with the University of California depends upon successful completion of a criminal background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered grounds for disqualification, release or dismissal.

**APPLICANT/EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Original- LIVSCAN AGENCY (CENTRAL HR)**