The University of Texas at Arlington

CRIMINAL BACKGROUND CHECK FORM

Human Resources

With few exceptions, you are entitled on your request to be informed about the information The University of Texas at Arlington collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Arlington correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in UTS139. However, state law prohibits UT Arlington from providing criminal history record information obtained from the Department of Public Safety (DPS). Texas Government Code, Section 411.085. You may obtain a copy of your criminal history record information directly from DPS in accordance with DPS procedures. The information that UT Arlington collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time. Disclosure of your Social Security Number ("SSN") is required of you in order for UT Arlington to conduct a criminal background investigation, as mandated by Texas Government Code, Sections 411.094 and 411.086. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

THIS SECTION TO BE COMPLETED BY AN APPLICANT OR EMPLOYEE UNDER CONSIDERATION FOR PROMOTION/TRANSFER

See HR Fiscal Regulations & Procedures 3-48, "Criminal Background Checks" at http://policy.uta.edu/index.php?navid=10376&resid=12914

IMPORTANT: Print legibly using BLACK ink only. Fill out all information requested. If not applicable, enter N/A. Falsification of any information on this form will void your application for employment and any actions based on it. The information on the application for employment, including any attachments, is property of UT Arlington Administration.

Name: _____

Last First Middle Maiden

List any former names used: _____

Social Security #: _____ **Driver's License - State and #**: _____

Ethnicity: Black (not Hispanic) _____ Asian/Pacific Islander _____ Hispanic _____

White (not Hispanic) _____ American Indian/Alaskan Native _____

Gender: Male _____ Female _____ **Date of Birth** (MM/DD/YY): _____ **Height**: _____

List ALL residency information since the age of 17 – dates of residency, city, and state, beginning with your most current. Please account for out of the country residency as well. If additional space is needed, please attach a separate sheet.

From (MM/YY)	To (MM/YY)	City	State	County/Country

No _____ Yes _____ **Do you have any criminal convictions since age 17 or older or any deferred adjudications where the final disposition is still pending (i.e. the original charge has not been dismissed)?**

If yes, list year(s) of conviction(s) and nature of offense(s) and penalty(ies). If additional space is needed, attach a separate sheet.

Year	Nature of Offense	Penalty

I hereby authorize any law enforcement agency to furnish UT Arlington or its agent information related to my criminal history. I hereby release UT Arlington and all its agents and employees, the law enforcement agency, and all employees of law enforcement agencies furnishing information from all liability resulting from the furnishing of this information to UT Arlington. I certify that the statements made by me on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith. If circumstances require that an offer be made before the completion of an investigation, the offer is contingent on the completion of a satisfactory criminal background investigation. I understand that any false statements made herein will void my Application for Employment and any actions based on it. A set of fingerprints may be required in order to obtain a criminal history records and/or criminal conviction record.

_____

Applicant/Employee Signature **Date**

THIS SECTION TO BE COMPLETED BY THE EMPLOYING DEPARTMENT

Applicant/Employee status: Faculty _____ Staff _____ Student _____

Posting Number: _____ **Posted Job Title**: _____

Department Name: _____ **Department Phone Number: (ext)** _____

Department Contact: _____ **Signature**: _____ **Date**: _____

Send this completed form to UT Arlington Human Resources (Fax # 25810)