

APPLICANT CONSENT AND DISCLOSURE FORM
University of Wisconsin-Milwaukee

To be completed by hiring department (Please print): **(DO NOT VIEW APPLICANT ENTRIES)**

School/College/Div.: College of Health Sciences Department: Student Affairs

Recruitment Number: _____ Position Number: _____ Title: Fieldwork/Internship
Type of appointment (check one): Faculty Academic Staff Classified LTE Adjunct AS

X Student Other Limited Appointment LI
Driving record check required? Yes No
PREP to notify: _____ Billing Code: Acct: 2627, 101-100110-6

Submitted by: _____
(PREPs only): Office of Student Affairs Email/phone: scashin@uwm.edu x2758

Send report to: Office of Student Affairs Email/phone: Fax: 414-229-3373, NWQB 6425

NOTE TO APPLICANT: The position you have applied for requires candidates to pass a criminal background check as a condition of employment. This includes a review of any pending charges or convictions. The Wisconsin Fair Employment Act prevents employers from disqualifying applicants based on criminal history unless the position being applied for has job responsibilities that are substantially related to the criminal history. To facilitate this process, please complete this form and return it sealed in the attached envelope.

The information requested below is required for the sole purpose of accurately gathering information needed for the criminal background check and will not be used for any other purpose. A record of conviction and/or pending criminal charges may not, in and of itself, disqualify you from employment at UWM. Such information will be considered only if there is a substantial relationship between the circumstances of the conviction and/or pending charge and the position being applied for. Failure to disclose required information, or any misrepresentation made in connection with such disclosure, may affect the UWM's decision to hire and/or discipline up to and including discharge.

To be completed by the applicant (Please print). Submit directly to School/College/Division Personnel Rep.

Name: _____ Gender: _____
 First Middle Last Female _____ Male _____

Other names you have used in the past (including maiden name): _____

Social Security Number(s): _____

Birthdate: _____
(mm/dd/yyyy)

Current Address: _____
(street, city, state and ZIP required):

Previous Address: _____
(street, city, state and ZIP required – Use back of this sheet for additional addresses covering the last 7 years):

Have you ever been convicted of, or pleaded 'no contest' to, a felony or misdemeanor? No Yes (provide details on next page)

Do you have any charges for felony or misdemeanor pending against you? No Yes (provide details on next page)

If you answered Yes to either or both questions above, please provide details on next page (Use additional sheet(s), if

necessary).

Name:

First

Middle

Last

Have you resided in the United States for the last seven years?

No Yes

Nature of offense(s)/charge(s):

Date(s) of conviction(s)/charge(s):

Location of court (s):

(for additional information/space, use additional sheets)

The information I have provided on this form is true and correct. I understand that if the University of Wisconsin--Milwaukee receives information at a later date that shows I did not accurately disclose all convictions and pending charges, I may be disqualified from this position, or if already hired, subject to discipline up to and including discharge.

I hereby authorize the University of Wisconsin-Milwaukee (UWM) to obtain criminal and other records about me from any source for the purpose of evaluating my employability for the position I have applied for. I also authorize UWM to provide such records to third parties for the same purpose. Such third parties and the Board of Regents of the University of Wisconsin System, its agents, employees, and officers, including UWM, are hereby released of any liability that may arise from the disclosure of such information.

I have read and understand the above authorization and release.

Signature (do not print or type)

Please sign and date form and all attachments.

Date

Email and telephone number

**Return directly to the School/College/Division
Personnel Rep only.**

California, Minnesota or Oklahoma Applicants only – You will be provided with a free copy of any consumer reports or investigative reports obtained on you if you check the box below.

I wish to receive a free copy of the report