



**University of Texas Health Science Center San Antonio**  
**CRIMINAL BACKGROUND CHECK FORM**  
**Human Resources**

Rev. 22 Mar 2012

I hereby authorize University of Texas Health Science Center San Antonio to obtain and/or its agent to obtain and furnish information to the University of Texas Health Science Center San Antonio related to my criminal background. I consent to providing my fingerprints if required in connection with the criminal background check. I hereby release University of Texas Health Science Center San Antonio 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 the University of Texas Health Science Center San Antonio. I certify that the statements made by me on this form and in connection with my application whether on this form or not, are true, complete and correct to the best of my knowledge and belief and I understand that any misstatement, falsification, or omission of information shall void my application and be grounds for refusal to hire or, if hired, termination. I certify that I will report in writing any charges or conviction, excluding misdemeanor offenses punishable only by fine, occurring after the date of this application to the University of Texas Health Science Center San Antonio Office of Human Resources. 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.

**Applicant/Employee Signature**

**Date**

**THIS SECTION TO BE COMPLETE BY THE EMPLOYING DEPARTMENT**

Applicant/Employee status: Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Promotion/Transfer \_\_\_\_\_ Student \_\_\_\_\_ Contractor/POI \_\_\_\_\_

Posting Number: \_\_\_\_\_ Posted Job Title: \_\_\_\_\_

Department Name: \_\_\_\_\_ Department Phone Number: (ext) \_\_\_\_\_

Department Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTRACTOR/POI INFORMATION:**

Check action type:       New appointment       Reappointment

Effective Date of Appointment: \_\_\_\_\_ Expected Date of Termination: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Room: \_\_\_\_\_ Building: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor's Job Title: \_\_\_\_\_

Program, Agency, or School or Country That Is Sponsoring This Person: \_\_\_\_\_

State if this person will work with select agents as per HOP policy 8.10.1:  Yes  No

State Intent of Appointment (i.e., why is this person being appointed?): \_\_\_\_\_

Describe duties assigned to this person: \_\_\_\_\_

\_\_\_\_\_  
Department Requestor's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Department Chair/Director/Designee

\_\_\_\_\_  
Date

Send this completed form to University of Texas Health Science Center San Antonio Human Resources