Rev. 22 Mar 2012

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

<u>Disclosures:</u> In processing your application for employment, or at any time during your employment period, the University of Texas Health Science Center San Antonio, may obtain criminal records and/or a consumer report or investigative consumer report for employment purposes, as authorized by state law and/or the Fair Credit Reporting Act (**FCRA**). The report may include information as to your criminal record history. Should an **investigative consumer report** be requested, you will have the right to obtain a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. See Handbook of Operating Procedures Chapter 4.4.1 Criminal Background Checks.

With few exceptions, you are entitled on your request to be informed about the information University of Texas Health Science Center San Antonio 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 University of Texas Health Science Center San Antonio correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in UTS139. You may be required to correct/contest criminal background records with the source of the record. The information that University of Texas Health Science Center San Antonio 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 the University of Texas Health Science Center San Antonio 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.

<u>IMPORTANT</u>: Print legibly using BLACK ink only. Please submit your full name as it appears on your Texas Driver's license or State ID. 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 the University of Texas Health Science Center Administration.

Last			First	Middle	Maiden		
st any former	names used:						
ırrent Addres	s:		City	State	Zip Code		
cial Security	#:		Driver's License - S	State and #:			
nnicity:	Black (not Hisp	anic)	Asian/Pacific Islander	Hispa	nic		
	White (not Hispanic)		American Indian/Alaskan Nati	American Indian/Alaskan Native			
nder:	Male	Female	Date of Birth (MM/DD/YY): _		Height:		
romMM/YY	To MM/YY	Address		City/State/Zip Cod	le (County	
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				-			
	Since		nave you ever been arrested, charge	ed, convicted, pled gu	illty or were found guilty o	of	
	any crim) of conviction(s)	and nature of o	ffense(s) and penalty(ies). If additio	nal space is needed,	attach a separate sheet.		
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yes, list year(s) of conviction(s)		ffense(s) and penalty(ies). If additio		·		

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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 Si	gnature			Date					
THIS SECTION TO BE COMPLETE BY THE EMPLOYING DEPARTMENT									
Applicant/Employee stat	us: Faculty	Staff	Promotion/Transfer	Student	Contractor/POI				
Posting Number:			Posted Job T	itle:					
			Department Phone Number: (ext)						
			Signature:		Date:				
		COI	NTRACTOR/POI INI	FORMATION:					
Check action type:	☐ New appo	intment	□ Reappointment						
Effective Date of Appoin	tment:		Expected Date of Tern	nination:	_				
Department:	Work Ph	one:	Room:	Building:	_				
Supervisor Name:			_ Supervisor's Job Title:						
Program, Agency, or Sc	hool or Country	That Is Spor	nsoring This Person:						
State if this person will w	ork with select	<u>agents</u> as pe	er HOP policy 8.10.1: 🗆 🗅	Yes □ No					
State Intent of Appointm	ent (i.e., why is	this person I	being appointed?):						
Describe duties assigne	d to this person	:							
Department Requestor's	Name			Phone Number					
Signature of Department Chair/Director/Designee									

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