

# BACKGROUND INFORMATION SHEET

PLEASE COMPLETE ALL SECTIONS AND SIGN AT THE BOTTOM

The following information is being solicited for purposes of conducting pre-employment criminal and/or other background checks only and is not used in employment decisions unrelated to the results of the background check.

Name: \_\_\_\_\_  
Last First Middle (spell out)

Home Address: \_\_\_\_\_  
Number Street City/Town State Zip

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced

Place of Birth: \_\_\_\_\_  
City and State or Country

Maiden Name: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Visa Status: \_\_\_\_\_

Aliases: \_\_\_\_\_

Drivers License \_\_\_ Yes \_\_\_ No State \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Race \_\_\_\_\_ Eyes \_\_\_\_\_ Height  
\_\_\_\_\_ Sex \_\_\_\_\_ Hair \_\_\_\_\_ Weight

List the states that you have lived in the last 5 years: \_\_\_\_\_

Physically Disabled: \_\_\_ Yes \_\_\_ No

Identifying Scars/marks/tattoos (type & location): \_\_\_\_\_

- ▶ Are you related to, or an unmarried partner of, an employee at the UConn Health Center?  YES  NO If "YES" list below. Continue on the reverse side if necessary. Per UCHC Policy #2002-51 a relative is a spouse, father, mother, sister, brother, child, the spouse of a child, or any relative who is domiciled in the employee's household.

NAME	RELATIONSHIP	DEPARTMENT

- ▶ Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you?

(Exclude minor traffic violations, or any offense settled in juvenile court or under a youth offender law)  YES  NO

If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

**Special Note:** You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

DATE	PLACE	COURT LOCATION	OFFENSE(S)	DISPOSITION

- ▶ Have you ever been excluded, disbarred, restricted, disqualified, or sanctioned from any Federal or State programs or government organizations?

YES  NO If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

DATE	PLACE	AGENCY	FUNDING	CURRENT STATUS

For the CMHC program, fingerprints taken by the Department of Correction will be submitted to the Connecticut State Police and the FBI for a criminal history

- ▶ Have there ever been any actions against your professional license(s)?  YES  NO  N/A

If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

DATE	PLACE	AGENCY	FUNDING	CURRENT STATUS

- ▶ Have you brought or will you be bringing (or having transported) to the UCHC ANY biological materials that are pathogenic in humans, animals or plants, including but not limited to viable organisms or genetic elements of pathogenic viruses, bacteria, biological toxins, fungi, rickettsia, mycoplasma or parasitic organisms?  YES  NO

If "YES", **IMPORTANT NOTE:** You must contact Research Safety 860/679-2723 or rwallace@adp.uhc.edu before transporting any biological, chemical or radioactive materials to the UCHC.

I \_\_\_\_\_ certify that the information provided by me on the Background Information Sheet is COMPLETE and TRUE to the best of my knowledge and is made in good faith. I understand that if I knowingly make any misstatement of facts or fail to provide required information I am subject to disqualification or dismissal and other penalties as they may be prescribed by law, policy, or regulation.

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>  <b>This area must be completed by the Human Resources Officer or the Hiring Department</b>	<b>Submitted by:</b> <input type="checkbox"/> L Barrows <input type="checkbox"/> B Camilleri <input type="checkbox"/> J Duggal <input type="checkbox"/> M Leone <input type="checkbox"/> N Logan <input type="checkbox"/> L Stockwell <input type="checkbox"/> D Gillon <input type="checkbox"/> J Mastriani <input type="checkbox"/> P Verdi <input type="checkbox"/> Other: _____	<b>PUBLIC SAFETY USE ONLY</b> <input type="checkbox"/> Cleared <input type="checkbox"/> Rejection based on failure to disclose <input type="checkbox"/> Administrative Review Pending <input type="checkbox"/> Administrative Review Complete Date/Outcome: _____ <input type="checkbox"/> Unable to process due to missing: _____
	<b>Return to:</b> <input type="checkbox"/> L Barrows <input type="checkbox"/> B Camilleri <input type="checkbox"/> J Duggal <input type="checkbox"/> M Leone <input type="checkbox"/> N Logan <input type="checkbox"/> L Stockwell <input type="checkbox"/> A. Smith <input type="checkbox"/> Other: _____	
	<b>Area:</b> <input type="checkbox"/> Clinical Operations <input type="checkbox"/> Dental Clinics <input type="checkbox"/> Research <input type="checkbox"/> Day Care <input type="checkbox"/> Non-Clinical <input type="checkbox"/> Clinical Faculty <input type="checkbox"/> IT <input type="checkbox"/> CMHC	
	<b>Employee Type:</b> <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Grad Assistant <input type="checkbox"/> Dental Resident/Non-Surgical <input type="checkbox"/> Non-Paid <input type="checkbox"/> Student <input type="checkbox"/> Contractor: _____	
	<b>Job Title:</b> _____	
<b>Position Requirements:</b> Does Position require IDX Use? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Position Require LCR (Lifetime Clinical Record)? <input type="checkbox"/> Yes <input type="checkbox"/> No Grant Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No		