

**CRIMINAL BACKGROUND CHECK & GOVERNMENT EXCLUSIVE LIST RELEASE FORM**

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

If you may be known by another name, please indicate:

\_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Middle Initial

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\*INFORMATION IN THIS BOX IS  
REQUIRED FOR A BACKGROUND CHECK IN THE  
STATE OF ILLINOIS BY THE UNIFORM CRIMINAL  
INFORMATION ACT.\*\***

**DEPT/POSITION INFORMATION**

For this employee please run:  
 A Background Check and Sanction Check  
 A Background Check only  
 A Sanction Check only

Dept Contact: \_\_\_\_\_  
 Phone # for contact: \_\_\_\_\_  
 FOAPAL to be charged: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 COA Fund Org Program

Department Name: \_\_\_\_\_

Position Sought/Offered: \_\_\_\_\_

Is this position subject to the Healthcare Worker Background Information Act? \_\_\_\_\_  
 Y/N

**INFORMATION RELEASE & ACKNOWLEDGEMENT**

I certify that the information provided in the box to the left is true and complete. I understand that false or misleading information given in my employment application, interview(s), or on this form will render my application void and will be just cause for termination of my employment. I also authorize you to make a criminal background investigation and other such investigations as are necessary in arriving at an employment decision. I further authorize the Illinois State Police to release criminal background information to the VERIFIED program as part of the criminal background investigation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT---PLEASE READ CAREFULLY BEFORE  
SIGNING ACKNOWLEDGEMENT!**

**University of Illinois at Chicago may, upon execution of this authorization, investigate the information contained in your employment application and/or other background information, the results of which will be used as a factor in making employment decisions. Thus, you may be the subject of "consumer reports" requested by the company from an outside agency. These reports may be obtained at any time after receipt of your authorization and throughout your employment. In the event that information from the report is used in whole or in part in making an adverse employment decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.**

**Acknowledgement & Authorization**

**I acknowledge receipt of the above information and certify that I have read/understand this form. I also authorize the University of Illinois at Chicago to obtain a consumer report at any time after receipt of this authorization or during my employment.**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Print Name SSN

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUESTER INFORMATION**

**Organization: University of Illinois at Chicago  
 Requester: Mirta Mendez/Miriam Sanchez  
 Phone #: 312-996-4852 / 312-996-0844  
 Participant Code: (circle one) 1171-Campus / 1170-Hospital**

Requester Signature \_\_\_\_\_