CRIMINAL BACKGROUND CHECK & GOVERNMENT EXCLUSIONS LIST RELEASE FORM

APPLICANT INFORMATION

Social Security No. _____ -_____-_____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix _____

Date of Birth: _____/_____/_____
Month Day Year

Sex: _____ Race:_____

Street Address:_____

City: _____State:_____

Zip Code: _____

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

_____, _____
Last Name First Name

_____
Middle Initial

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

DEPT/POSITION INFORMATION

For this employee please run:
_____ Background Check and Sanction Check
_____ Background Check only
_____ Sanction Check only
Will this person be working in the Hospital or Clinics? Y / N

Department Name: _____

Dept Contact: _____

Phone # for contact: _____

Employee UIN: _____

Hire Date: _____

FOAPAL to be charged:

_____-_____-_____-_____
COA Fund Org Program

Title of Position Sought/Offered:

_____

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 US Investigation Services, Inc. (USIS) 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. A "consumer report" may contain information obtained from an outside agency on your credit standing, credit capacity, character, general reputation, personal characteristics and mode of living which will be used to establish your eligibility for 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. **A financial consumer report is NOT run as a part of this check.**

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

PRINT AND MAIL THE COMPLETED RELEASE FORM TO:

UIC Human Resources
715 S. Wood Street, Room 109
M/C 862