

CANDIDATE CONSENT AND DISCLOSURE FORM

Human Resources
University Services Bldg.
888 N. Euclid Ave., Ste. 114
Tucson, AZ 85721-0158
Phone 520-621-3662
Fax 520-626-8326

Mail/fax the completed and signed form to the address found in the box to begin your hiring process.

Under Arizona Board of Regents (ABOR) policy 6-709 and University Policy 103.1, The University of Arizona conducts pre-employment screening on all new hires, including a criminal records check and driver’s license record review.

Have you ever been convicted or plea bargained to a misdemeanor offense? Yes No
Have you ever been convicted or plea bargained to a felony offense? Yes No

If yes, provide conviction(s) and dates: _____

My signature below affirms that the above information is true, complete and accurate. I understand that a “yes” response will NOT automatically exclude me from consideration, but falsification, misrepresentation, and/or omission of a criminal conviction on my employment application and/or this consent and disclosure form is grounds for excluding me from further consideration, withdrawal of a job offer, and if working, termination of my employment.

Applicant Signature: _____ Date: _____

APPLICANT RELEASE

I understand that The University of Arizona may utilize the services of a University-approved vendor as part of the University’s pre-employment screening procedure. If my application for employment is approved, The University of Arizona may obtain additional information through subsequent investigations by the University-approved vendor to update, renew or extend my employment. An investigative consumer report will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver’s Protection Act, and any applicable state statute(s).

I understand an investigation may include obtaining information regarding my character; work habits; performance and experience; reasons for termination of past employment; academic credential records including transcripts; criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions; state Department of Motor Vehicle/Drivers’ License records; military records; financial/credit history; and requests for records and information from any individual, company, firm corporation, present and/or past employers; and public agencies (including the Social Security Administration and the Immigration & Naturalization Service) subject to state and federal law.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after The University of Arizona receives my request or five days after the investigative consumer report is received by the University, whichever is later. I also understand that before I am denied employment based, in whole or part, on information contained in the investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I am going to dispute the accuracy of information in the report, I must notify The University of Arizona within five business days of my receipt of my notification letter. If I notify The University of Arizona within five business days of my intent to dispute, a final decision about my employment status will not be made until after I have had a reasonable opportunity to address the information contained in the report.

By signing below, I hereby authorize, without reservation, any one contacted by The University of Arizona and/or their vendor to furnish the information as stated above. I declare and affirm that fingerprints submitted (if applicable) are my own and information on the fingerprint card is accurate and complete. In order to verify my identity for purposes of the background investigation, I am voluntarily releasing my date of birth and fully understand that age is not a consideration of employment. In addition, I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Applicant Name (Please type or print): _____
Applicant Signature: _____ Date: _____

CANDIDATE CONSENT AND DISCLOSURE FORM cont.

PLEASE TYPE OR PRINT CLEARLY (If we are unable to read this form you will be asked to complete another.)

(Optional: To be used for conducting background checks only)	
Social Security Number: - - - - -	Date of Birth: / / /
Last Name:	First Name: Middle Initial:
Other names known by:	PROVIDE ADDRESS INFORMATION FOR THE LAST 7 YEARS (At minimum, please provide the county, city, state, zip code, and dates)
ADDRESSES	STREET OR COUNTY CITY STATE ZIP FROM TO
CURRENT	
PREVIOUS	
PREVIOUS	
PREVIOUS	
DO YOU HAVE A VALID DRIVER'S LICENSE IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES" please provide driver's license information for the last three (3) years:	
Current Driver's License Number:	State: # of years for this license?
Previous Driver's License Number: (If you have an Arizona driver's license we may be able to locate your out-of-state license number)	State: # of years for this license?
DO YOU HAVE (OR HAVE YOU EVER HAD) A DRIVER'S LICENSE IN ANOTHER COUNTRY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" What country? # of years	
<small>Minnesota & Oklahoma Applicants Only: You have the right to request a copy of your consumer report from Sterling Testing Systems, Inc. by checking the box below. Sterling Testing Systems will mail the consumer report directly to you. Minnesota Applicants Only: You have the right to make a written request to the consumer reporting agency to provide you with a complete and accurate disclosure of the nature and scope of the consumer report.</small>	
<input type="checkbox"/> As a resident of Minnesota or Oklahoma, I wish to receive a copy of the consumer report. (Check only if you wish to receive a copy)	

DEPARTMENT USE ONLY

Department Name:	Department Number:
<input type="checkbox"/> Career Track – Job #	<input type="checkbox"/> Non-Career Track Type (i.e. student) :

HR USE ONLY

<input type="checkbox"/> <u>Name Based Check</u> Order Entry Date: _____ Order Number: _____ Criminal Check Results: <input type="checkbox"/> Clear <input type="checkbox"/> Hold – Results Under Review DMV Check Results: <input type="checkbox"/> Acceptable <input type="checkbox"/> Conditional <input type="checkbox"/> Unacceptable due to: _____ Email sent to dept: Date: _____	<input type="checkbox"/> <u>Fingerprint Check</u> Packet mailed/picked up: _____ Date Card Received: _____ <input type="checkbox"/> Clear <input type="checkbox"/> Hold – Results Under Review <u>DMV Check:</u> <input type="checkbox"/> AZ only checked by Human Resources and/or <input type="checkbox"/> Out-of-state license check – vendor: Order Entry Date: _____ Order Number: _____ <input type="checkbox"/> Acceptable <input type="checkbox"/> Conditional <input type="checkbox"/> Unacceptable due to: _____ Email sent to dept: Date: _____	<input type="checkbox"/> <u>DMV Check Only</u> <input type="checkbox"/> AZ only checked by Human Resources and/or <input type="checkbox"/> Out-of-state license check – vendor: Order Entry Date: _____ Order Number: _____ DMV Check Results: <input type="checkbox"/> Acceptable <input type="checkbox"/> Conditional <input type="checkbox"/> Unacceptable due to: _____ Email sent to dept: Date: _____
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