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| **AUTHORIZATION FOR BACKGROUND CHECK** |

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| **TO BE COMPLETED BY THE CANDIDATE/APPOINTEE** |

As part of the University’s comprehensive security efforts and to ensure a safer environment for our students, staff and visitors, University policy requires that a background check be conducted for all staff and faculty, unpaid volunteers, interns, visiting scholars and any other individuals engaged by campus departments in programs that serve or involve contact with minors.

Background checks related to the protection of minors served by University programs must be accomplished at least annually for those University staff, faculty, or volunteers who have ongoing involvement in such programs regardless of any previous background checks that may have been conducted.

NOTE: Your social security number is required for the background check consistent with University policy. If you choose not to disclose your social security number, you will not be considered for employment.

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| **LEGAL NAME - FIRST** | | | | **MIDDLE** | | **MAIDEN** | | | | **LAST** | |
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| **SOCIAL SECURITY NUMBER (SSN)** | | | | **DATE OF BIRTH** | | **SEX** | | | | **RACE** | |
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| **INTERNATIONAL APPLICANTS** - Check here if you ***do not*** have a Social Security Number: | | | | | | | | | | | |
| **CURRENT ADDRESS** (street, city, state, zip): | | | | |  | | | | | | |
| **PERMANENT ADDRESS** (if different from current address) If address is not in the U.S. address, include *country*): | | | | |  | | | | | | |
| **primary phone number (XXX-XXX-XXXX)** | | | | | (    ) | | | | | | |
| **NAME HISTORY** | Please list all names by which you have been known, along with the dates each name was used (if more space is needed attach additional pages): | | | | | | | | | | |
| **NAME** | | | **DATES (FROM/TO)** | | | **NAME** | | | | **DATES (FROM/TO)** |
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| **ADDRESS HISTORY** | If you have lived or worked outside of North Carolina, please list all of those locations within the United States and the dates you lived or worked there since the age of 18 (if more space is needed attach additional pages): | | | | | | | | | | |
| **DATES (FROM/TO)** | | | **CITY** | | | | **COUNTY** | | | **STATE** |
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| **EDUCATIONAL CREDENTIALS** | Please indicate your **highest** level of education completed (or degree in progress if you are a Post Doc candidate with all but dissertation): | | | | | | | | | | |
| **DATES MM/YY** | **SCHOOL NAME, CITY AND STATE** | | | | | | **MAJOR FIELD OF STUDY** | | | **DEGREE TYPE** |
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| **PROFESSIONAL LICENSURE** | Please indicate the professional licensure and/or certifications that you possess: | | | | | | | | | | |
| **LICENSE NUMBER** | | **ISSUING AUTHORITY** | | | | | | **DATE ISSUED** | | **EXPIRATION DATE** |
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| **FIRST** | | **MIDDLE** | | | **MAIDEN** | | **LAST** | |
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| **DRIVIER LICENSE** | **North Carolina Drivers License #** | |  | **EXPIRATION DATE** | |  | | |
| I have held an out-of-State driver’s license that has been valid within the last 12 months. If the answer is yes, provide the information below. | | | | | | | **Yes**  **No** |
| **out of state drivers License #** | |  | **Issuing State** | |  | | |

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| **DRIVING CONVICTIONS** | Yes  No | | Have you ever been convicted of a minor driving infraction? If yes, list below the county, state, and date of the conviction and crime/offense for which you were convicted. Note: State law allows the applicant to not refer to any arrest, charge, or conviction that has been expunged. If more space is needed attach additional pages. | |
| **DATE** | | **LOCATION (county and state)** | **TRAFFIC VIOLATION** | |
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| **Criminal CONVICTIONS** | Yes | No | Have you ever been convicted of an unlawful offense other than a minor driving infraction? If yes, list below the county, state, and date of the conviction and crime/offense for which you were convicted. Note: State law allows the applicant to not refer to any arrest, charge, or conviction that has been expunged. If more space is needed attach additional pages. | | |
| **DATE** | | **LOCATION (county and state)** | **CRIME/OFFENSE** | |
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**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

The University of North Carolina at Chapel Hill may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the University to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I hereby certify that all information I have provided on this Authorization is true and complete to the best of my knowledge and belief. I understand that my Authorization indicates my consent to the University to verify any information contained in this Authorization, by obtaining a consumer report for employment purposes from a Consumer Reporting Agency. I understand that by admitting to a conviction for any unlawful offense, I will not be automatically disqualified from consideration for employment, unpaid appointment or for other opportunities where I might have contact with minors. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in action up to and including not being employed, appointed, affiliated or terminated if hired, and/or criminal prosecution. I understand the University complies with State law and is required to terminate me if false or misleading information is given in order to meet the requirements for the position for which I am hired.

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Candidate/Appointee Signature Date

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| ***FOR INTERNAL CAMPUS DEPARTMENT USE ONLY***  **FORM SUBMISSION:**   * **For SPA Permanent employees, Unpaid Volunteers, Interns, and Visiting Scholars** - Send this form to your Employment Consultant in the Office of Human Resources. * **For Faculty** - Send this form to your Dean’s Office. * **For EPA Non-Faculty, SPA/EPA Temps and all other persons** - Send this form to:   **Background Unit/Office of Human Resources, CB#1045**  **Phone: 919-962-9768 or 919-843-4413**  **Fax: 919-962-4279** | | | | | | | |
| **ALL FIELDS BELOW ARE REQUIRED AND MUST BE COMPLETED. incomplete forms will NOT BE ACCEPTED.** | | | | | | | |
| **FIRST** | **MIDDLE** | | **LAST** | | | **SSN (Last 4 Digits Only)** | |
|  |  | |  | | | xxx-xx- | |
| **MOTOR VEHICLE HISTORY**  Indicate if driving a motor vehicle (State-owned or personal/other)***is*** required to perform assigned duties. \*If **yes**, you must submit a ***legible*** copy of the candidate’s driver’s license with this form.  Please indicate type of vehicle that will be driven (choose all that apply): | | | | | | **Yes\***  **No**  **State-Owned**  **Personal/other** | |
| **CREDENTIALS VERIFICATION**  Please indicate if the position requires verification of education/professional licensure. | | | | | | **Degree  Yes  No**  **License  Yes  No** | |
| **FOREIGN DEGREE VERIFICATION**  Indicate if the candidate possesses a foreign degree. If **yes**, the hiring department is responsible for completing degree verification and sending a copy to the Background Check unit within  ***90 days*** of hire. | | | | | | **Yes  No** | |
| **POSITION/ APPOINTMENT TYPE** (please indicate all that apply): | | Faculty  EPA Non-Faculty  epa temp  SPA PERMANENT  SPA TEMP  UNC Student   (if REQ’D) | | post doc  contact with minors  post doc (abd)  CDC SELECT AGENT  vOLUNTEER  Annual re-check (if REQ’D)  intern  Credentials check only  VISITING SCHOLAR  Driving check only  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **POSITION/APPOINTMENT TITLE:** | |  | | | | | |
| **POS# (if applicable):** | |  | | | | | |
| **DEPT. HR REPRESENTATIVE NAME:** | |  | | | | | |
| **HR REPRESENTATIVE CONTACT #:** | |  | | |  | |  |
| **DEPARTMENT NAME:** | |  | | |  | |  |
| **DEPARTMENT #:** | |  | | | | | |
| **CAMPUS BOX #:** | |  | | | | | |
| **ACCOUNT # FOR FEES:** | |  | | | | | |
| **OHR EMPLOYMENT CONSULTANT:** | |  | | | | | |

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| ***FOR INTERNAL OFFICE OF HUMAN RESOURCES USE ONLY* FINAL RESULTS:**  **CLEAR**  **NOT CLEAR** |

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| **Date received:** | | |  | | | | | **PID #** | | |  | |  |  | | --- | --- | |  | **CRIMINAL CONVICTIONS** | |  | Yes  No  Possible Match | |  | Reported on Background Authorization? | |  | Yes  No | |  |  | |  | **VALID DRIVER’S LICENSE** | |  | Yes  No | |  | **DRIVING CONVICTIONS** | |  | Yes  No  Possible Match | |  | Reported on Background Authorization? | |  | Yes  No | |  |  | |  | **DEGREE VERIFIED LICENSE(S) VERIFIED** | |
| **Date returned:** | | |  | | | | | **REVIEW REQ’D:**  Yes  No | | |
| **Checks COMPLETED:** | | | | | | | |  |  | |
|  |
|  | **CoURT Search** | | |  | **Castle Branch** | | |  | **aoc** | |
|  | **nc dl check** | | |  | **out of state dl** | | |  | **epls/oig** | |
| **No CS Results** | | | | **sex offender** | | | | | |  |
| **Amount Due:** | | **\_\_\_\_\_\_\_\_** | | | | **INITIALS:** | **\_\_\_\_\_** | **fILE #: \_\_\_\_\_\_\_\_\_\_\_** | | |

Charge made to the listed account  Yes  No  Yes  No