

Disclosures: In processing your application for employment, UT Health San Antonio may obtain criminal records and/or a consumer report or investigative consumer report for employment purposes, as authorized by state law and/or the Fair Credit Reporting Act (FCRA). The report may include information as to your criminal record history. Should an investigative consumer report be requested, you will have the right to obtain a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the FCRA.

With few exceptions, you are entitled on your request to be informed about the information UT Health San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Health San Antonio correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in HOP Policy 4.4.1. You may be required to correct/contest criminal background records with the source of the record. The information that UT Health San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time. Disclosure of your Social Security Number ("SSN") is required of you in order for UT Health San Antonio to conduct a criminal background investigation, as mandated by Texas Government Code, Sections 411.094 and 411.086.

For POIs and Contractors:

Disclosure: The check is not conducted for employment purposes, it is to determine suitability to enter the campus and its buildings. As such the FCRA entitlements do not apply. You may have other rights and avenues available to correct/contest criminal background records.

See *HOP Policy 4.4.1 - Criminal Background Checks* and *HOP Policy 8.7.11 Contractors and Vendors*

IMPORTANT: Print legibly using **BLACK** ink only. Fill out all information requested. If not applicable, enter N/A. Falsification of any information on this form will void your application for employment and any actions based on it. The information on the application for employment, including any attachments, is property of the Health Science Center's Administration.

Name: _____
(Last) (First) (Middle) (Maiden)

List any former names used: _____

Address: _____
(Street) (City/State) (Zip Code)

Social Security #: _____ Driver's License - State and #: _____

Gender: Male Female Date of Birth (MM/DD/YY): _____ Height: _____

Ethnicity: Black (non-Hispanic) Hispanic American Indian/Alaskan Native
 White (non-Hispanic) Asian/Pacific Islander

List **ALL** residency information since of the age of 17 - dates of residency, city, and state, beginning with the most current. Please account for out-of-country residency as well. If additional space is needed, please attach a separate sheet.

From (MM/YY)	To (MM/YY)	City	State	County/Country

Have you ever been arrested, charged, or convicted of a felony or misdemeanor since the age of 17? Please include any deferred adjudications where the original charge has not been dismissed.

No Yes

If yes, list year of conviction/deferred adjudication and nature of offense and penalty below. If additional space is needed, please attach a separate sheet.

Year	Nature of Offense	Penalty

Have you ever been convicted or placed on deferred adjudication for an offense that would require you to register as a sex offender?

No Yes

I hereby authorize UT Health San Antonio to obtain and/or its agent to obtain and furnish information to UT Health San Antonio related to my criminal background. I consent to providing my fingerprints if required in connection with the criminal background check. I hereby release UT Health San Antonio and all its agents and employees, and all persons, agencies and entities furnishing information or reports about me, including law enforcement agencies from all liability resulting from the furnishing of this information to UT Health San Antonio. I certify that the statements made by me on this form and in connection with my application whether on this form or not, are true, complete and correct to the best of my knowledge and belief and I understand that any misstatement, falsification, or omission of information shall void my application and be grounds for refusal to hire or, if hired, termination. I certify that I will report in writing any charges or conviction, excluding misdemeanor offenses punishable only by fine, occurring after the date of this application to UT Health San Antonio Office of Human Resources. If circumstances require that an offer be made before the completion of an investigation, the offer is contingent on the completion of a satisfactory criminal background investigation. I understand that any false statements made herein will void my Application for Employment and any actions based on it.

Employee/Applicant Signature

Date

THIS SECTION TO BE COMPLETED BY THE EMPLOYING DEPARTMENT

Applicant/Employee Status: Faculty Staff Student Employee

Will this be a paid position? Yes No

Posting Number: _____

Posted Job Title: _____

Department Name: _____

Department Phone #: _____

Department Contact: _____

Signature: _____

Date: _____

CONTRACTOR/POI INFORMATION

Action Type New Appointment Reappointment

POI/Contractor Information: Current Employer Name: _____

Sponsoring Department: _____

Effective Date of Appointment: _____

Expected Date of Termination: _____

Department: _____

Work Phone: _____

Room/Building: _____

Supervisor Name: _____

Supervisor Title: _____

Program, Agency, or School or Country that is sponsoring this person: _____

Will this person work with **select agents** as per HOP Policy 8.10.1? No Yes

Intent of Appointment (i.e. why is this person being appointed?): _____

Describe the duties to be assigned to this person:

Department Requestor's Name

Phone Number

Department Chair/Director Signature

Date