



BACKGROUND SCREENING DISCLOSURE FORM

Under Arizona Board of Regents (ABOR) Policy 6-709 and University of Arizona Classified Staff Policy 103.1/UHAP policy 2.23, the University of Arizona conducts Pre-Employment Screening, including a criminal records check and driver's license record review, on all "finalists" for paid positions and on other individuals who perform security or safety-sensitive duties or responsibilities on behalf of the University or who are otherwise engaged by University departments and units that are required by policy to conduct fingerprint-based criminal records checks. Additional information about the University of Arizona's pre-employment screening policy is located at: http://policy.arizona.edu/human-resources/pre-employment-screening-policy.

Your employment or assignment start date is dependent on your acceptance of the Background Screening Consent form and your completion of this Background Screening Disclosure form. These forms must be completed and signed electronically before your employment or assignment begins. If your duties, activities or area of assignment require the University to conduct a fingerprint-based criminal records review, you will also receive an electronic Fingerprint Notice instructing you on the requirement to complete and submit a fingerprint packet. A criminal records check will begin as soon as all required documents are submitted.

Thank you for your cooperation.

Please carefully and thoroughly complete the form below. Please mail/fax the completed and signed form to: Division of Human Resources; University Services Bldg. 888 N. Euclid Ave., Suite 114; P.O. Box 210158; Tucson, AZ 85721-0158.

Phone: 520-626-0715 FAX 520-626-8326

Name(s) and Identifying Information
Form with fields for First Name, Middle Name, Last Name, Date of Birth, All current or former names known by, and Social Security Number (Optional).

You must provide address history for the last seven (7) years. If you have resided at your current address for less than seven years, please provide your previous address history below.

Previous Addresses
Table with columns for No., From (Date), To (Date), Street Address or County, Country, City, State, and Zip Code.

**The University of Arizona
Background Screening Disclosure Form – Continued**

No: 3	From (Date):		To: (Date):	
Street Address or County:			Country	
City:		State:		Zip Code:
Current Driver's License				
Do you have a valid driver's license in the United States?		YES	NO	
Current Driver's License Number:		State:		Number of years for this license:

You must provide driver's license information for the last three (3) years. Please provide please provide additional license history below.

Additional License History				
No. 1	Previous Driver's License Number:		State:	
Number of years for this license:				
No. 2	Previous Driver's License Number:		State:	
Number of years for this license:				
Do you have (or have you ever had) a driver's license in another country?			YES	NO
Country:		Number of years for this license:		

Convictions History				
Have you ever been convicted of or plea bargained to a misdemeanor offense?			YES	NO
If "YES," you must provide criminal conviction(s) information and dates: <i>(You are responsible for knowing if traffic violations or other citations received were classified as a misdemeanor.)</i>				
Have you ever been convicted of or plea bargained to a felony offense?			YES	NO
If "YES", you must provide criminal conviction(s) information and dates: <i>(You are responsible for knowing if traffic violations or other citations received were classified as a felony.)</i>				

Affirmation and Signature

My signature below affirms that the above information on this Background Screening Disclosure form 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 Background Screening Disclosure form is grounds for excluding me from further consideration, withdrawal of a job offer, and if working, termination of my employment.

Signature: _____ Date: _____

Phone #: _____ E-mail address: _____