

Name(s) and Identifying Information

Division of Human Resources - Background Check Team 888 N. Euclid Avenue, Suite 114

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Telephone: 520-626-0715

Send questions to: preemployment@email.arizona.edu

BACKGROUND SCREENING DISCLOSURE FORM

Under Arizona Board of Regents (ABOR) Policy 6-709 and University of Arizona Policy HR-401, 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.

Please carefully and thoroughly complete this Background Screening Disclosure Form and submit it to our secure document upload portal at:

https://hr.arizona.edu/prescreen-secure-upload

Please label your file name in the following format: Last Name First Name - Disclosure Form

First Nar	ne:		Middle Name:										
Last Nar	ne:		Date of Birth:										
All current or former names known by:													
	curity Number:												
Current Home Address													
From (I	Date):	To (Date):											
Street Address:			Country:										
City:	was ide address bistom for the	State:		Zip Code: ur current address for less than seven years,									
			iave resided at your cur	rent dadress for less than seven years,									
	ovide your previous address hist Addresses	огу веюж.											
No: 1	From (Date):	To: (Date)	:										
Street Address or County:			Country										
City:		State:		Zip Code:									
No: 2	From (Date):	To: (Date):	:										
Street Address or County:			Country										
City:		State:		Zip Code:									

The University of Arizona Background Screening Disclosure Form – Continued

No: 3	From (Date):		T	o: (Date):							
Street Address or County:						Country					
	,	C+									
	City: State: Current Driver's License					Zip Code:					
Current	Driver's License		T		1						
Do you	have a valid driver's license	e in the United States	?	YES		NO					
Current	Driver's License Number			Stato					Number of years for this license:		
Current Driver's License Number: State:						200 010	vido n	logi		nolou.	
You must provide driver's license information for the last three (3) years. Please provide please provide additional license history below. Additional License History											
Additio	Previous Driver's License										
No. 1	Number:						State	::			
Number of years for this license:											
	Previous Driver's License						ā				
No. 2	Number:						State	:			
Number	r of years for this license:						<u> </u>				
Do you	have (or have you ever had	l) a driver's license in	ano	ther country	y?	YI	ES		NO		
Country	<i>y</i> :		Nu	mber of yea	rs fo	or this lic	ense:				
	ions History										
-	ou ever been convicted of o	r plea bargained to a	mis	demeanor			VE		NO		
offense? YES NO If "YES," you must provide criminal conviction(s) information and dates: (You are responsible for knowing if traffic violations or other										or	
citations received were classified as a misdemeanor.)											
Have yo	ou ever been convicted of o ?	r plea bargained to a	felo	ony		YES			NO		
If "YES"	If "YES", you must provide criminal conviction(s) information and dates: (You are responsible for knowing if traffic violations or other citations received were classified as a felony.)										
Affirma My sign	tion and Signature ature below affirms that th	e above information		_			_		ure form is true, complete and accurated falsification, misrepresentation, and/		
omissio excludir	n of a criminal conviction ong me from further conside	n my employment ap ration, withdrawal of	plica a jo	ation and/o b offer, and	r thi I if w	s Backgro orking, t	ound S ermin	Scre atio	ening Disclosure form is grounds for on of my employment.		
Signatu	re:				Date	:					
Phone #: Email address:											