

BACKGROUND INFORMATION SHEET

PLEASE COMPLETE ALL SECTIONS AND SIGN AT THE BOTTOM

The following information is being solicited for purposes of conducting pre-employment criminal and/or other background checks only and is not used in employment decisions unrelated to the results of the background check.

Social Security Multimort Contact Phone:	Name:			Home Addres	Home Address:		
Contact Propose Home Phone Home Phone Physically Disabled: Place of Birth City and State Country City and State City and Sta		, ,		·			
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Identifying Scars/marks/fathos (type & location): Are you related to, or an unmarried partner of, an employee at UConn Health? YES NO							
If "PSS lat below. Confliction on the reviewee side if mocessary. Per UCron Health Peloy 42002.51 a relative is a spouse, father, mother, sider, brother, child, the spouse of a child, or any relative who is dominated in the employee's household. Name Relationship Department Relationship Department D				List the state	s that you have lived in the la	ast 7 years:	
Name Relationship Department	-						
Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? Exclude minor traffic violations, or any offense settled in juvenile court or under a youth offender law. YES NO ****CF** ist all cases below, providing details as indicated. Continue on the revene side if necessary. Speak Mote: Under the provisors of IC.G.S. \$48-80 a penson in red dequalified from state employment script violations, or any offense settled in juvenile court or under a youth offender law. YES NO ******CF***Power of the county of the county of the county of the county of the chine, Opinhoristic more of the ch			,	relative is a spouse, f	ather, mother, sister, brother, child, t	he spouse of a child, or any relative who is	
Exclude minor traffic violations, or any offense settled in juvenile court or under a youth offender law.	Name		Relationship	Department			
Have you ever been excluded, disbarred, restricted, disqualified, or sanctioned from any Federal or State programs or government organizations? YES NO II YES' list all cases below, providing details as indicated. Continue on the reverse side if necessary. For the CMHC program, fingerprints taken by the Department of Corection will be submitted to the Cornection State Prolice and the FBI for a criminal history check. Date Place Agency Funding Current Status Have there ever been any actions against your professional license(s)? YES NO N/A If YES' list all cases below, providing details as indicated. Confinue on the reverse side if necessary. Date Place Agency Funding Current Status Have you brought or will you be bringing for having transported) to UConn Health ANY biological materials that are pathogenic in humans, animals or plants, including but not limited to viable organisms or genetic elements of pathogenic viruses, bacteria, biological toxins, fungli rickettsia, mycoplasma or parasitic organisms? YES NO If YES', IMPORTIANT NOTE: You must contact Research Safety 860/079-2723 or revallace@uchc.edu before transporting any biological, chemical or radioactive materials to UConn Health. I certify that the information provided by me on the Background Information Sheet is COMPLETE and TRUE to the best of my knowledge and is made in good faith. I understand that if I knowingly make any misstatement of facts or fail to provide required information I am subject to disqualification or dismissal and other penalties as they may be prescribed by law, policy, or regulation. SIGNATURE:	Exclude minor tr If "YES" list all cases bel solely because of a prior and (3) the time elapsed Statutes §46b-146, 54-7 be erased are records p	raffic violations, or a ow, providing details as indica ronviction of a crime. The standard is ine the conviction. You are 160, or 54-142a. If your criminal ertaining to a finding of delinque	ny offense settled in juvenile co ted. Continue on the reverse side if necessary. S ate can deny employment if a person is found u not required to disclose the existence of any arm al records have been erased pursuant to one of uency or that a child was a member of a family v	surt or under a y Special Note: Under to insuitable after conside est, criminal charge or f these statutes, you m with service needs (C.6	the provisions of (C.G.S. § 46a-80 a aring (1) the nature of the crime, (2) in conviction, the records of which have ay swear under oath that you have r G.S. § 46b-146), an adjudication as a	PESNO person is not disqualified from state employment information relating to the degree of rehabilitation, e been erased pursuant to Connecticut General never been arrested. Criminal records that may a youthful offender (C.G.S. § 54-760), a criminal	
Have you ever been excluded, disbarred, restricted, disqualified, or sanctioned from any Federal or State programs or government organizations? YES NO if YES* list all cases below, providing details as indicated. Continue on the reverse side if necessary. For the CMHC program, fingerprints taken by the Department of Correction will be submitted to the Correction State Prolice and the FBI for a criminal history check. Date Place Agency Funding Current Status Have there ever been any actions against your professional license(s)? YES NO N/A If YES* list all cases below, providing details as indicated. Confinue on the reverse side if necessary. Date Place Agency Funding Current Status Have you brought or will you be bringing for having transported) to UConn Health ANY biological materials that are pathogenic in humans, animals or plants, including but not limited to viable organisms or genetic elements of pathogenic viruses, bacteria, biological toxins, funglirickettsia, mycoplasma or parasitic organisms? YES NO If YES* IMPORTIANT NOTE: You must contact Research Safety 860/079-2723 or revallace@uchc.edu before transporting any biological, chemical or radioactive materials to UConn Health. I certify that the information provided by me on the Background Information Sheet is COMPLETE and TRUE to the best of my knowledge and is made in good faith. I understand that if I knowingly make any misstatement of facts or fail to provide required information I am subject to disqualification or dismissal and other penalties as they may be prescribed by law, policy, or regulation. SIGNATURE:	Date	Place	Court Location	Offense(s)		Disposition	
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