

DO NOT MODIFY THIS FORM
UNIVERSITY OF CALIFORNIA, DAVIS

EMPLOYMENT PROGRAM 3a <input type="checkbox"/> VOLUNTEER* START DATE: _____ END DATE: _____ <input type="checkbox"/> PSS (STAFF)* <input type="checkbox"/> MSP* <input type="checkbox"/> ACADEMIC* <input type="checkbox"/> SR. MGMT.* <input type="checkbox"/> STUDENT ** STUDENT TITLE CODES: 4919, 4920, 4921, 4329, 4923, 4924, 4925 (UNDERGRADUATE STUDENTS) * REQUIRES BOTH DOJ & FBI CHECKS ** UNDERGRADUATE STUDENT EMPLOYEES REQUIRE ONLY A DOJ CHECK UNLESS INDICATED BY HIRING DEPT.	ACTION TYPE: 3b <input type="checkbox"/> NEW HIRE <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> RE-CLASS <input type="checkbox"/> PD UPDATE <input type="checkbox"/> CONTRACT <input type="checkbox"/> CONTROLLED SUBSTANCE NOTE: YOU MAY WISH TO CONTACT HR TO CONFIRM IF APPLICANT HAS EXISTING CHECK	APPLICANT'S NAME: (LAST, FIRST, MIDDLE INITIAL) 1 _____ CURRENT EMPLOYEE: Y / N EMPLOYEE ID : _____ <hr/> CAREER HIRE/PROMOTION/TRANSFER: 2a DO NOT LIST STUDENT HIRE HERE CIRCLE LOCATION: UCD CAMPUS UCD MED CTR RECRUITER'S NAME _____ E-MAIL ADDRESS _____ REQUISITION NO. _____ TITLE CODE: _____ <hr/> STUDENT HIRE: 2b TITLE CODE: _____ VL NUMBER _____
RECHARGE INFORMATION 4a 6 DIGIT DEP'T CODE _____ EXPENSE AUTHORIZED BY: _____ DATE: _____	DAFIS: 4b CHART OF ACCOUNTS 7 DIGIT DAFIS ACCT # _____ DO NOT SPLIT FEES HR RECHARGE BY: _____ [INITIALS]	HIRING DEPARTMENT NAME: <u>Center for Neuroscience</u> 5 DEPT. CONTACT NAME: <u>Lisa Laughlin</u> NOTE: INFORMATION REGARDING BACKGROUND CHECKS IS CONFIDENTIAL, INTENDED ONLY FOR THE INDIVIDUAL LISTED TO RECEIVE "YES/NO" RESULTS. E-MAIL: <u>lslaughlin@ucdavis.edu</u> PHONE: <u>530-757-8905</u> ALTERNATE CONTACT NAME: <u>Madhu Sharma</u> E-MAIL: <u>mssharma@ucdavis.edu</u>
DEPARTMENT COMMENT: 6 _____ _____		

FOR HUMAN RESOURCES ONLY

HR Notes: _____ _____ _____ RESCAN REQUIRED: _____ FOLLOW UP: _____ DOJ REJECT/RESUBMISSION: _____ FBI REJECT/RESUBMISSION: _____ DOJ REC'D: _____ FBI REC'D: _____ REFERRED DATE: _____ [c / NC]	7
---	----------

ORIGINAL – LIVE SCAN AGENCY (CENTRAL HR)

DO NOT MODIFY THIS FORM
UNIVERSITY OF CALIFORNIA, DAVIS

COPY – DEPARTMENT FILE

AUTHORIZATION TO RELEASE INFORMATION FORM

NOTE: SUBMITTING AN INCOMPLETE OR ILLEGIBLE FORM MAY DELAY THE LIVESCAN BACKGROUND CHECK RESULTS; IF BEING SCANNED AT THE UC DAVIS POLICE DEPARTMENT THESE FORMS MUST BE TAKEN TO THE APPOINTMENT. THIS IS A CONFIDENTIAL FORM. DO NOT SCAN AND/OR E-MAIL. IF BEING SCANNED AT AN OFF-CAMPUS LOCATION, FAX ONLY TO OUR SECURE LINE 530-752-3667.

Completed by Applicant/Employee

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment in a critical position. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written employment application which I sign. I understand that UCD positions that are designated critical require background checks for the purpose of evaluating me for employment, promotion, reassignment, reclassification, transfer, or retention as an employee.

PRINT NAME: _____

Last

First

Middle

OTHER NAMES YOU HAVE USED: _____

CURRENT ADDRESS: _____

Street Number & Name

City

State

Zip

HOME PHONE #: _____

BUSINESS PHONE #: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE INFORMATION: _____

License number

Expiration Date

State of Issue

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY, FELONY-REDUCED-TO MISDEMEANOR OR MISDEMEANOR BY ANY COURT? MISDEMEANOR AND/OR FELONY CONVICTIONS RELATED TO THE FUNCTIONS OF THE POSITION WILL BE CONSIDERED FOR EMPLOYMENT-RELATED DECISIONS. YOU MAY OMIT CONVICTION OF A MISDEMEANOR WHILE UNDER AGE 18 IF THE RECORD WAS SEALED UNDER PENAL CODE 1203.45, MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE IMPOSED WAS \$400.00 OR LESS, ANY OFFENSE THAT WAS FINALLY SETTLED IN JUVENILE COURT OR REFERRED TO THE YOUTH AUTHORITY, OR ANY CONVICTION SPECIFIED IN HEALTH AND SAFETY CODE SECTION 11361.5 WHICH PERTAINS TO CERTAIN MARIJUANA OFFENSES.

YES

NO

If yes, please indicate date, location and explanation (continue on reverse side if necessary):

PRIVACY NOTICE

The state of California, Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for critical positions. University policy and federal statute authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment.

The University official responsible for maintaining the information contained on this form is the Human Resources Department for all staff and Student Employment for students of the University of California, Davis.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that the University of California, Davis solicits this information so as to be informed of my previous record and character. I understand that my employment with the University of California depends upon successful completion of a criminal background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered grounds for disqualification, release or dismissal.

APPLICANT/EMPLOYEE SIGNATURE: _____

DATE: _____

DO NOT MODIFY THIS FORM
UNIVERSITY OF CALIFORNIA, DAVIS
Original- LIVESCAN AGENCY (CENTRAL HR)