

**DO NOT MODIFY THIS FORM**  
**UNIVERSITY OF CALIFORNIA, DAVIS**

<b>EMPLOYMENT PROGRAM</b> <span style="float:right"><b>3a</b></span> <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.	<b>ACTION TYPE:</b> <span style="float:right"><b>3b</b></span> <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	<b>APPLICANT'S NAME: (LAST, FIRST, MIDDLE INITIAL)</b> <span style="float:right"><b>1</b></span> _____ CURRENT EMPLOYEE: Y / N    EMPLOYEE ID : _____ <b>CAREER HIRE/PROMOTION/TRANSFER:</b> <span style="float:right"><b>2a</b></span> <b>DO NOT LIST STUDENT HIRE HERE</b> CIRCLE LOCATION:            UCD CAMPUS            UCD MED CTR RECRUITER'S NAME _____ E-MAIL ADDRESS _____ REQUISITION NO. _____    TITLE CODE: _____ <b>STUDENT HIRE:</b> <span style="float:right"><b>2b</b></span> TITLE CODE: _____    VL NUMBER _____
<b>RECHARGE INFORMATION</b> <span style="float:right"><b>4a</b></span> <b>6 DIGIT DEP'T CODE</b> _____ <b>EXPENSE AUTHORIZED BY:</b> _____ <b>DATE:</b> _____	<b>DAFIS:</b> <span style="float:right"><b>4b</b></span> <b>CHART OF ACCOUNTS</b> <b>7 DIGIT DAFIS ACCT #</b> _____ <b>DO NOT SPLIT FEES</b> <b>HR RECHARGE BY:</b> _____ [INITIALS]	<b>HIRING DEPARTMENT NAME:</b> Center for Neuroscience <span style="float:right"><b>5</b></span> <b>DEPT. CONTACT NAME:</b> Lisa Laughlin <small>NOTE: INFORMATION REGARDING BACKGROUND CHECKS IS CONFIDENTIAL, INTENDED ONLY FOR          THE INDIVIDUAL LISTED TO RECEIVE "YES/NO" RESULTS.</small> E-MAIL: <u>lslaughlin@ucdavis.edu</u> PHONE: 530-757-8905 ALTERNATE CONTACT NAME: Susan Sainz E-MAIL: <u>swsainz@ucdavis.edu</u>
<b>DEPARTMENT COMMENT:</b> <span style="float:right"><b>6</b></span> _____ _____		

*FOR HUMAN RESOURCES ONLY*

<b>HR Notes:</b> _____ _____ <b>RESCAN REQUIRED:</b> _____ <b>FOLLOW UP:</b> _____ <b>DOJ REJECT/RESUBMISSION:</b> _____ <b>FBI REJECT/RESUBMISSION:</b> _____ <b>DOJ REC'D:</b> <b>FBI REC'D:</b> <b>REFERRED DATE:</b> [ c / NC ]	<b>7</b>
ORIGINAL – LIVE SCAN AGENCY (CENTRAL HR)	

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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 18<sup>TH</sup> 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:** \_\_\_\_\_

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