Department Number to Charge:
Supervisor to Contact:

BACKGROUND CHECK RELEASE FORM
CONFIDENTIAL

Note to Finalists: The University conducts criminal background checks for all new hires. A criminal conviction or pending criminal charge may be a factor in the hiring decision. The information requested below is required to conduct a criminal history background check. Discrimination on the basis of age, gender, race or any other protected class status under federal or state law is prohibited by University policy.

A record of conviction and/or pending criminal charges is not an absolute bar to employment. Such information will be considered only if there is a substantial relationship between the circumstances of the conviction and/or pending charge and the position being applied for. Your completion of this form is part of your application process. You must fill out the form accurately and completely disclosing all convictions and/or pending criminal charges for any felony or misdemeanor. Applicants who fail to complete the form or who provide false or incomplete information will not be further considered for employment.

Please print (for identification purposes only):

Position Name: _____

Full Legal Name: _____
First Middle Last

Other Names You Have Used: _____

Current Address:

_____
Street City State Zip

Previous Address(es) for the last seven years:

_____

_____

_____

Phone Number: _____ Phone Type: ☐Home ☐Cell

Email: _____

Date of Birth: _____ Gender: ☐ Female ☐Male
Month/Day/Year

Social Security Number: _____

Driver's License Number: _____ State of Issue _____

Have you <u>ever</u> been convicted of a felony or a misdemeanor or have any pending charges against you?
NOTE: Failure to disclose a conviction for any crime (felony or misdemeanor) will be considered an intentional omission.

Yes ☐ (provide details on next page) No ☐

I agree that the University may conduct a criminal history background check. To the best of my knowledge, the information provided on this form is true and complete. I understand that falsification or omission of information constitutes grounds for not hiring me or for dismissal. I also agree to have this check done every four years if I am an active UWSP employee.

_____ _____
Signature Date

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Nature and Date(s) (mm/dd/yy) of Conviction(s) and/or Pending Charge(s):

1_____

_____

2_____

_____

3_____

_____

Name and Location of the Court or Jurisdiction for the items listed above:

1_____

_____

2_____

_____

3_____

_____

Additional Information (Optional):
You may use this space to provide any additional information you believe may be relevant

_____

_____

_____

_____

_____

_____

Office Use Only

Date Received: Initials: Date Processed: Initials: