

UNIVERSITY OF CALIFORNIA, DAVIS HEALTH SYSTEM

**Felony and Related Misdemeanor
BACKGROUND CHECK AUTHORIZATION/RELEASE**

I am willing that a photocopy of this authorization be accepted with the same authority as the original. I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, or reassignment. *This is not a credit check.*

PRINT NAME: _____
Last First Middle

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

MAIDEN NAME/ALIASES: _____

ADDRESS: _____
Street City State County Zip Code

TELEPHONE NUMBER (Daytime): _____

**SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF, OR ENTERED A PLEA OF *NOLO CONTENDERE* FOR:
A) A felony? B) A Misdemeanor which was originally a felony charge? C) A misdemeanor which resulted in incarceration, parole, probation, community service, or fees?**

YES _____ NO _____

IF YES, GIVE DETAILS BELOW,

COUNTY: _____ YEAR OF CONVICTION: _____

CRIME CHARGED: _____

COURT: _____

DISPOSITION OF CASE:

HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME? YES _____ NO _____

IF YES, STATE NAME: _____

STATE 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. University policy and federal statute authorize the maintenance of this information.

Furnishing all information requested on this form is requested. Failure to provide such information shall result in the University obtaining this public information without your authorization.

The University official responsible for maintaining the information contained on this form is the University of California, Davis, Health System, Human Resources or Academic Affairs.

I hereby certify that all statements on this application are true and correct. I understand that the University of California, Davis solicits this information so as to be informed of my previous record. If employed, I understand that any falsification of this record may be considered cause for termination. If an applicant, I understand that my employment with the University of California depends upon successful completion of a criminal background investigation.

SIGNATURE: _____ DATE: _____

NEW POSITION TITLE: _____ DEPARTMENT NAME: _____

DEPARTMENT CONTACT AND PHONE #: _____ POSITION START DATE: _____

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

UC Davis Health System (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Universal Background Screening (Post Office Box 5920 Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com). The source of any credit report will also be provided by Universal Background Screening.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.