

# AFFILIATES @ UND

## Application for UND Affiliate Status

**HR Use Only**

EMPL ID \_\_\_\_\_

Last Name	First Name	Middle Name	Date of Birth (mm/dd/yy)
Have you ever been employed by UND? If yes, when? Yes No _____		Have you ever been employed by a ND University System Institution or State Agency? If yes, when? Yes No _____	
Have you ever been a student at a ND University System Institution? If yes, when? Yes No _____			If applicable, what is your EMPL ID?

Address: Home (Local/Permanent)			Dept Address (Required)		
Country			Country		
Address 1			Address 1		
Address 2			Address 2		
City	State	Zip	City	State	Zip
County	Home Phone		County	Permanent Phone	
Cell Phone (For campus emergency notifications. Will not be published.)			Home E-mail * Be sure email address is valid		

Affiliation with UND / Services Provided	
Dates of Affiliation: <i>Beginning Date</i>	<i>Ending Date</i>

<b>Indicate which services affiliate will be utilizing:</b> Campus Libraries-indicate which library access is needed: Chester Fritz Library Law Library Health Sciences Library	Dining Center Meal Plan Wellness Center Membership UND Housing UND Building Keys	UND Parking Permit UND Network Access Other Please Specify: _____
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<b>Criminal History Background Check:</b>	
A background check is required if the employee will be working with any of the following: Access to confidential or proprietary info Need master keys Work with students Access cash, credit card, debit card, other financial transactions Working with dangerous/controlled substances Provide childcare or supervise minor children	Background check needed:  No (Do not complete CHBC on page 2) Yes (Please complete the CHBC on page 2)  Date CHBC completed: _____

Country of Citizenship: _____ (if other than United States of America, complete a. and b.)
a. Visa Status Verification      Date Completed: _____
b. Export Control Verification      Date Completed: _____

<b>Requested By (Sponsoring Department/Program/Unit):</b>		
Name	Department	Dept #
Signature	Phone	Date

<b>Sponsoring Department/Program/Unit Chair/Head/Contact:</b>		
Name	Department	
Signature	Phone	Date

<b>Authorized By:</b>	
Vice President or Designee	Date



**University of North Dakota  
Criminal History Background  
Check Authorization Form**



**To Be Completed by Hiring Department** - It is the responsibility of the department to obtain a valid email address and notify subject of the records check they will be receiving an e-Vite from UND Human Resources to electronically submit their background check.

Department #	Department Name	Department Contact Name	Dept Contact Phone #
Upon clearance of Background Check, _____ would be hired as: <input type="checkbox"/> Regular (Benefitted) <input type="checkbox"/> Temporary (Non-Benefitted)		Name of Subject of Records Check _____ <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> GTA/GRA/GSA <input type="checkbox"/> Medical Resident <input type="checkbox"/> Student <input type="checkbox"/> Other (Please describe) _____	
Subject's email address: _____		Account number to charge for Background Check: _____	
Departmental Signature: <b>X</b> _____		Date: _____	

**Have candidate complete ONLY if they DO NOT have a valid email address.**

**To Be Completed by Subject of Background Check** – Background checks will be used to evaluate candidates/employees for employment purposes and will not be used to discriminate on the basis of race, color, creed, national origin, religion, sex, sexual orientation, gender identity, genetic information, age, veterans’ status, marital status, political affiliation or physical, mental or medical disability.

First Name	Middle Name	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)	Do you have a valid Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License Number	State
			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>CURRENT ADDRESS</b>		<b>PHONE NUMBERS</b>	
Address Line 1		Day Phone (include area code)	
Address Line 2		Home/Cell Phone (include area code)	
City	State	County	Zip
			Work Phone (include area code)

Have you ever been convicted of a criminal offense or are there any other criminal charges now pending against you?    Yes\*    No  
 \*If yes, identify type of offense (felony, misdemeanor, unknown or warrant), description of offense, state & county where arrest/conviction took place, and date. If more than four, list on back or on a separate sheet of paper.

	Type	Description of Offense	State	County	Date
1					
2					
3					
4					

I hereby authorize the North Dakota Bureau of Criminal Investigation (BCI), the Federal Bureau of Investigation (FBI), or a licensed criminal background check vendor to release my state and national criminal history background to the University of North Dakota. These reports may contain information regarding my credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of my education or employment history, or other records checks. I have been advised that I have a right to review and challenge the accuracy and completeness of the information obtained through this process. A photo copy of this signed release shall have the same force and effect as the original release. Falsification or failure to disclose relevant information will disqualify from consideration. In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to ND Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.

Subject's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

<b>For HR Use ONLY</b>	
<input type="checkbox"/> Sterling Infosystems <input type="checkbox"/> BCI and/or FBI, ND and Federal	
Submitted By: _____	Date: _____