



UND 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 (except for those under 18) from UND Human Resources to electronically submit their background check.

Department #	Department Name	Department Contact Name	Department Contact Email Address
Candidate Name:		Candidate email address:	
Under 18?	Yes	NO	
Faculty	Staff	GTA/GRA	Medical Resident Temp
Position Title:			
Departmental Signature: X _____		Date: _____	

Have candidate complete the following section if they are under 18 years.

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 Driver's License? Yes No	Driver's License Number	State Sex Female Male
CURRENT ADDRESS		PHONE NUMBERS	
Address Line 1		Day Phone (include area code)	
Address Line 2		Home/Cell Phone (include area code)	
City	State	County	Zip

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 consent to the preparation by Sterling Infosystems, Inc. ("Sterling"), a consumer reporting agency located at 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlinginfosystems.com, of background reports regarding me and the release of such reports to the University of North Dakota (UND) and its designated representatives, to assist UND in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state and federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to Sterling and/or UND itself, and authorize Sterling to provide such information to UND. 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 me 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.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Signature: X _____ Date: _____

For HR Use ONLY Submitted By _____ Date _____