

Disclosures: In processing your application for employment, UT Health San Antonio may obtain criminal records and/or a consumer report or investigative consumer report for employment purposes, as authorized by state law and/or the Fair Credit Reporting Act (FCRA). The report may include information as to your criminal record history. Should an investigative consumer report be requested, you will have the right to obtain a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the FCRA.

With few exceptions, you are entitled on your request to be informed about the information UT Health San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Health San Antonio correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in HOP Policy 4.4.1. You may be required to correct/contest criminal background records with the source of the record. The information that UT Health San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time. Disclosure of your Social Security Number ("SSN") is required of you in order for UT Health San Antonio to conduct a criminal background investigation, as mandated by Texas Government Code, Sections 411.094 and 411.086.

For POIs and Contractors:

Disclosure: The check is not conducted for employment purposes, it is to determine suitability to enter the campus and its buildings. As such the FCRA entitlements do not apply. You may have other rights and avenues available to correct/contest criminal background records.

See HOP Policy 4.4.1 - Criminal Background Checks and HOP Policy 8.7.11 Contractors and Vendors

IMPORTANT: Print legibly using **BLACK** ink only. Fill out all information requested. If not applicable, enter N/A. Falsification of any information on this form will void your application for employment and any actions based on it. The information on the application for employment, including any attachments, is property of the Health Science Center's Administration.

Name: _____
(Last) (First) (Middle) (Maiden)

List any former names used: _____

Address: _____
(Street) (City/State) (Zip Code)

Social Security #: _____ Driver's License - State and #: _____

Gender: Male Female Date of Birth (MM/DD/YY): _____ Height: _____

Ethnicity: Black (non-Hispanic) Hispanic American Indian/Alaskan Native
 White (non-Hispanic) Asian/Pacific Islander

List **ALL** residency information since of the age of 17 - dates of residency, city, and state, beginning with the most current. Please account for out-of-country residency as well. If additional space is needed, please attach a separate sheet.

| From (MM/YY) | To (MM/YY) | City | State | County/Country |
|--------------|------------|------|-------|----------------|
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Have you ever been arrested, charged, or convicted of a felony or misdemeanor since the age of 17? Please include any deferred adjudications where the original charge has not been dismissed.

No Yes

If yes, list year of conviction/deferred adjudication and nature of offense and penalty below. If additional space is needed, please attach a separate sheet.

| Year | Nature of Offense | Penalty |
|------|-------------------|---------|
| | | |
| | | |
| | | |

Have you ever been convicted or placed on deferred adjudication for an offense that would require you to register as a sex offender?

No Yes

