



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"/> 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) _____		<input type="checkbox"/> Regular (Benefitted) <input type="checkbox"/> Temporary (Non-Benefitted)	
Subject's email address: _____		Account number to charge for Background Check: _____	
Departmental Signature: X _____		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
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
			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: _____

For HR Use ONLY

Sterling Infosystems
 BCI and/or FBI, ND and Federal

Submitted By: _____ Date: _____