

# AUTHORIZATION TO CONDUCT A CRIMINAL HISTORY RECORD INVESTIGATION

Job Title _____
Posting Number _____
Department _____
Contact Name _____
Division/College Administrator Name _____
Telephone extension & Email _____
Human Resources only (initial & Date) _____

*A Criminal History Record Investigation is required for university positions designated as "security sensitive." This investigation into official public records will determine the existence or non-existence of a record of criminal charges. To be employed in a job that is designated security sensitive, an applicant must satisfactorily complete the criminal history record investigation (CHRI). Applicants who decline to submit to a criminal history record investigation or fail to provide required information will be denied employment for a security sensitive position. An employee may be terminated if information on this form has been falsified.*

Name (Last, First, M.I.) \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Other Names Used \_\_\_\_\_

(Please Circle) **Male** or **Female**    White(includes Hispanic)    Black    American Indian    Asian/Pacific Islander

Social Security Number \_\_\_\_\_ Has this number been issued in the last 90 days?

No     Yes    (If you do not have a SS#, attach a copy of passport)

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Have you ever (since age 18) been convicted of a criminal offense (other than a traffic violation) including DWI/DUI or received deferred adjudication? (convictions including misdemeanors).

Yes    If yes, provide: City, county, state \_\_\_\_\_ Date(s) \_\_\_\_\_  
 No

Details: \_\_\_\_\_

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Residence History: Provide complete address for **U.S. residences** for the last 7 years (or if less than 24 years of age, provide information back to age 17).

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address, Apartment Number, City, County, State and Zip Code

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address, Apartment Number, City, County, State and Zip Code (continued on back)

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### FOR UHPD USE ONLY

CRIMINAL

OTHER

Authorized by \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address, Apartment Number, City, County, State and Zip Code

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address, Apartment Number, City, County, State and Zip Code

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address, Apartment Number, City, County, State and Zip Code

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address, Apartment Number, City, County, State and Zip Code

If necessary, please include dates and complete addresses in the same format:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**