



DEPARTMENT BACKGROUND CHECK REQUEST FORM

The following form is to be completed by a Departmental Representative to initiate a background check. * -- Required Information

Submit completed form via email to the background check unit at backgroundcheck@unc.edu and copy your assigned OHR Employment Consultant, when applicable.

*Date:	
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Candidate Information

*Legal Name – First:		*Middle:	
Maiden:		*Last:	
*Email Address:			
Existing Empl ID (if applicable):			

Appointment Type

*Affiliation Type (select one):

<input type="checkbox"/> SPA Permanent	<input type="checkbox"/> Faculty	<input type="checkbox"/> Visiting Scholar
<input type="checkbox"/> SPA Temporary	<input type="checkbox"/> Visiting/Adjunct Faculty	<input type="checkbox"/> Volunteer
<input type="checkbox"/> EPA Non-Faculty Permanent	<input type="checkbox"/> Post-Doc	<input type="checkbox"/> UNC-CH Student – Resident Advisor
<input type="checkbox"/> EPA Non-Faculty Temporary	<input type="checkbox"/> Post-Doc (all but dissertation)	<input type="checkbox"/> UNC-CH Independent Contractor (specify below)
	<input type="checkbox"/> Intern	<input type="checkbox"/> Other (specify below)

If a UNC-CH Independent Contractor or Other affiliation type, please describe the tasks that are expected to be performed:

*Position Appointment/Title:	
*Position Number (if applicable):	

Other Reasons for Background Check

*Select one of the following Appointment Types:

<input type="checkbox"/> New Employment	<input type="checkbox"/> Job Change	<input type="checkbox"/> New Affiliate Appointment
<input type="checkbox"/> Reemployment	<input type="checkbox"/> Promotion	<input type="checkbox"/> New Post Doc Appointment

*Choose one of the following special categories, if applicable:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> CDC Select Agent	<input type="checkbox"/> Credentials Check Only (post appointment)
<input type="checkbox"/> Annual Re-Screen (explain below)	<input type="checkbox"/> Contact with Minors	<input type="checkbox"/> Driving Check Only (post appointment)

Comments:

*Is the applicant a UNC student who will have contact with minors or sensitive populations?

Yes No

*Motor Vehicle History (choose Yes only if driving is required for the position)	*Professional License Verification (choose Yes if professional license is required for the position)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*US Degree Verification (choose Yes if a degree is required for the position)	*Foreign Degree Verification (choose Yes to indicate that the applicant possesses a foreign degree)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Note: Departments are responsible for verifying all foreign degrees.)

Department Information

*Department Name:	*Department Number:	*Campus Box:
*Department Rep Name:	*Phone #:	*Fax #:
*Return Results to:	OHR SPA/EPA-NF Consultant:	
Chartfield:	*Fund:	*Source:
*Account:	Program:	Cost:
	(if applicable)	(if applicable)
		Project ID:
		(*For fund codes 25XXX)