Print Form

Agency Background Check Form
University of California, Riverside

Applicant Information

(Please type or print legibly)

Name:_____
first middle last

Indicate Other Alternative Names: _____

Address:_____

City:_____ State:_____ Zip:_____

Social Security Number: _____

Driver's License Number:_____

State Driver's License Issued (if not CA):_____

Date of Birth:_____

Required Services

- **County Criminal Check**

Please list applicable counties (worked/resided)

_____

_____

_____

- **Social Security Number Trace**

(Note to personnel: please mark "1" on this category when making the request)

Additional Services

(the department may request these additional services and may ask for documents supplying the required information.)

- **Driving Record**
- **Employment Verification**
- **Education Verification**
- **Consumer Credit Report**
- **Military History**

Privacy Notification

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for conducting job-related background checks on persons filling "critical" positions with responsibility for security of property or people; access to cash, checks, disbursements or receipts; authority for committing financial resources; and/or access to financial and payroll/ personnel systems.

Furnishing all information on this form is mandatory. Failure to provide the information may delay or prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for personnel administration and will be transmitted to the federal and state governments as required by law. Individuals have the right to review their own records. The department is responsible for maintaining the information supplied on the Agency Background Check Request Form.