

University of West Florida Employment Background Screening Request Form

All relevant background screenings MUST be completed and approved prior to the applicant's start date.

Hiring Department: Complete all requested information in this section. Please print legibly or complete on computer.

Applicant's Name: _____ Position Title: _____ Current Employee: _____ Yes
No

Position # (if applicable): _____ Department Name: _____

Point of Contact: _____ Ext.: _____ Email: _____

Employee Type: _____

Requested Background Screening(s)

LEVEL 1: Required of Executive Service, University Work Force (staff), Faculty, Adjunct, and OPS. Students and volunteers do NOT complete a Level 1. Please print legibly or complete on computer.

Applicant completes this section. Applicant: The information provided by you will be used to register you for the Level 1 background process with HireRight, our third party vendor. You will receive an email from HireRight Customer Support requesting information to initiate your background investigation. If you are unable to locate the email in your inbox, please check your SPAM/junk box.

Last Name: _____ First Name: _____
Email Address: _____ Phone #: _____

If you have ever pled no contest or been convicted of a first degree misdemeanor or any felony, list the charge(s) below.

The University of West Florida will be requesting a criminal background screening to be completed by HireRight, Inc. By signing below, I agree to respond promptly to the HireRight e-mail; authorize UWF to verify all information contained on this form and any supplement hereto; certify that all statements made are true and complete to the best of my knowledge; and understand that any false statements made by me on this form or any supplement made hereto, may be grounds for immediate discharge or rejection from consideration for employment.

Applicant Signature Date

HIRING DEPARTMENT: Submit: Application (University Work Force (staff) and OPS only), FRS Certification, and *initialed* Controlled Substance Conviction form with this request.

For HR Use Only: Requested: _____ Screening results: _____ Dept. notified: _____ PPACMNT: _____

Docs Received: Application FRS Certification Controlled Substance

Comments:

LEVEL 2: Please check the type of Level 2 required for this position, if applicable. (Either DCF or VECHS Level 2 will be completed; never both.)

DCF: Educational Research Center for Child Development/Summer Camps Only

- The applicant is to contact Human Resources, Background Section, at 850-474-2694 to schedule an appointment for fingerprint screening registration as soon as possible. ***REQUIRED: Provide Department Index #: _____***

OR

VECHS: Positions of Special Trust

- The requesting department will register the applicant for fingerprints as detailed on the Human Resources Background Screening Process and Information web page.

HIRING DEPARTMENT: Submit applicant-completed VECHS waiver agreement to Human Resources.

For HR Use Only: Requested: _____ Screening Results: _____ NSOR (DCF ONLY): _____ Dept. notified: _____

Docs Received: VECHS Waiver Agreement L2SS CH PPACMNT

Comments: