

BACKGROUND CHECK REQUEST FORM

REQUESTING DEPARTMENT

Department Name: _____ Mail Code: _____
Hiring Supervisor: _____ Email: _____ Phone: _____
HR Contact: _____ Email: _____ Phone: _____
Employment Requisition Number: _____ Index Number: _____

CONSUMER REPORT

Social Security Trace
 Driver License Record
 Employment Verification
 License/Credential/Permit No: _____ Expiration Date: _____ Agency: _____
 Education/Degree Institution Name: _____ Date of Attendance: _____
 San Diego Court Other California Counties: _____
 Federal Court (San Diego Southern District)
 State Check (Except California): _____ International: _____

Has the license ever been sanctioned, suspended or revoked? Yes No
Please attach resume

FINGERPRINT CHECK

Type of Application: _____
Job Title or Type of License, Certification or Permit: _____
Level of Service: CA Department of Justice FBI
ORI: A2004 DOJ Mail Code: 07653 DOJ BIL: 144529
Agency: UCSD Human Resources Agency Contact: Pat Wong
9500 Gilman Drive (0922) Contact Phone: (858) 534-2820
La Jolla, CA 92093-0922

APPLICANT INFORMATION

Name: _____
(Last) (Middle) (First)
Alias: _____ Driver License: _____
(Last) (First) (Number) (State) (Expiration)
Address: _____ Previous Address: _____
(Street or PO Box) (Street or PO Box)

(City, State, Zip Code) (City, State, Zip Code)
Date of Birth: _____ Gender: Male Female
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Social Security No _____ : _____ : _____ Name on Soc Sec, if different: _____

UCSD POLICE

Live Scan Transaction Completed By: _____ Date: _____
ATI Number: _____ Amount Collected/Billed: _____