

**APPLICANT INFORMATION**

**Please type information on this form.**

Currently employed by the University of Illinois?  Y  N

Social Security No

First Name

Middle Name

Last Name

Suffix

Date of Birth (MM/DD/YYYY)

Phone No

Sex  Race

Street Address

Apt/Suite

City

State

Zip Code

Applicant's Email Address

If you may be known by another name, please indicate:

Last Name

First Name

Middle Initial

**\*\*INFORMATION IN THIS BOX IS REQUIRED FOR A BACKGROUND CHECK IN THE STATE OF ILLINOIS BY THE UNIFORM CONVICTION INFORMATION ACT.\*\***

**DEPT/POSITION INFORMATION**

Will this person be working in the Hospital or Clinics?  Y  N

Will this person be working with minors?  Y  N

Please run the following checks:

Background/Sanction Check  Sanction Check

Education Verification\*  Fingerprint Scan

Department Name

Dept Contact

Email

Phone # for Contact

If different from Department Contact, send results to:

Phone # for Contact

Email

Employee UIN  Hire Date

FOAPAL to be charged:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COA	Fund	Org	Program

Employment Group

Title of Position Sought/Offered:

**\* Required for all Academic Professional, Hourly, and Postdoc Research Associate hires**

**PRINT AND MAIL THE COMPLETED FORM TO:**

**UIC HR Service Center  
Attention: UICHR Criminal Background Processing  
715 S. Wood Street, 4th Floor, M/C 900  
Fax (312) 996-3837**

**For general questions please call or email:  
Phone: (312) 996-7941 or (312) 996-6159  
cbcuihr@uillinois.edu**