



## REFERENCE INFORMATION SHEET

Authorization: This allows employment recruiters and personnel the right to contact the reference name listed for purposes of employment. Please provide reference names for current and prior employment supervisors or managers. Students may list instructors or advisors.

**APPLICANT'S NAME:** \_\_\_\_\_

Reference Name:	Job Title:	Relationship:
Company/School Name:		
Address:		
Telephone:		

Reference Name:	Job Title:	Relationship:
Company/School Name:		
Address:		
Telephone:		

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Address:		
Telephone:		

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Company/School Name:		
Address:		
Telephone:		



**Criminal Record Check Form**

**Criminal record checks will be performed on every applicant hired at University Health Systems (UHS) or its subsidiary corporate entities.**

**If the information you furnish on this form is found to be false, you will be disqualified/dismissed. You will not be considered for future employment/service for 18 months.**

Please answer the following questions concerning your past history (Check all that apply):

1. Have you ever been
  - a. Convicted of a misdemeanor? Not necessary to include minor traffic infractions.  Yes  No
  - b. Convicted of a worthless check(s) (if you have paid off a check at Magistrate's office or Courthouse this is probably a worthless check conviction)?  Yes  No
  - c. Convicted of any DWI's (Driving While Impaired)?  Yes  No
  - d. Convicted of violation or violations of any drug laws, the Controlled Substances Act of North Carolina or similar laws of any state or nation?  Yes  No
  - e. Convicted of any crimes of violence such as assault, harassment, communicating threats, rape, kidnapping, manslaughter, murder?  Yes  No
  - f. Convicted of a felony?  Yes  No
  - g. Convicted of any crime involving child abuse, child neglect, or indecent liberties with a minor?  Yes  No
  - h. Convicted of a violation or violations of a Professional Practice Act?  Yes  No

**IF THE ANSWER TO ANY OF THE FOREGOING QUESTIONS IS "YES", PLEASE EXPLAIN EACH CONVICTION ON THE BACK SIDE OF THIS FORM, INCLUDING DATE, COUNTY AND STATE OF CONVICTION. IF NEEDED, ADDITIONAL SHEETS ARE AVAILABLE UPON REQUEST IN THE OFFICE FROM WHICH YOU OBTAINED THIS APPLICATION.**

2. Please list all names you have ever been known by including birth name, previous marriage(s), legally changed, nicknames and aliases.

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_

3. Please list street, city and state where you have lived for the last ten (10) years including military and school addresses (use additional sheet if more space is needed).

Street	Street	Street
City	County	City
State	Zip	State
Dates from _____ to _____	Dates from _____ to _____	Dates from _____ to _____

I hereby certify that the answers on this application and this insert are true and correct, and that any misrepresentation or false information on my part will disqualify me as a candidate for employment/service, or if employed, will be grounds for discipline up to and including termination.

In connection with this request, I authorize all law enforcement agencies, city, state, county and federal courts to release information they may have about me to the corporate entity of UHS to which I am applying or someone acting on their behalf.

Signature of Applicant	Date
Print Full Name	Social Security Number
Date of Birth	Valid Driver's License Number <i>(if you do not have license state reason)</i>
Current Address	State where license was issued
City, State Zip	
Dates: from _____ to _____	

Date of Birth is required solely for purpose of conducting a criminal record check and will not be used for any other reason in the employment/service or application process.

Please use this sheet to explain your conviction(s).

DATE of Conviction: \_\_\_\_\_

COUNTY & STATE of Conviction: \_\_\_\_\_

CONVICTION: (Crime for which you were convicted): \_\_\_\_\_

\_\_\_\_\_  
Explain: (Optional)

Please use this sheet to explain your conviction(s).

DATE of Conviction: \_\_\_\_\_

COUNTY & STATE of Conviction: \_\_\_\_\_

CONVICTION: (Crime for which you were convicted): \_\_\_\_\_

\_\_\_\_\_  
Explain: (Optional)

Please use this sheet to explain your conviction(s).

DATE of Conviction: \_\_\_\_\_

COUNTY & STATE of Conviction: \_\_\_\_\_

CONVICTION: (Crime for which you were convicted): \_\_\_\_\_

\_\_\_\_\_  
Explain: (Optional)

## DISCLOSURE/AUTHORIZATION STATEMENT

By this document, University Health Systems of Eastern Carolina (UHS) and its subsidiary corporate entities disclose to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

This shall authorize the procurement of a consumer report by University Health Systems and its subsidiary corporate entities as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the appropriate corporate entity by which I am employed to procure consumer reports at any time during my employment period.

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, motor vehicle bureaus, military services and persons to release information they may have about me to the corporate entity of UHS with which this form has been filed or an agent acting on its behalf and release all parties involved from any liability and responsibility for doing so.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I understand that I have the right upon written request within a reasonable period of time, to request additional disclosure as to the nature and scope of the investigation.

I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to the corporate entity of UHS to which I am applying or its agent acting on its behalf, information or photocopies of my military personnel and related medical records or only the following information/records:

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Applicant's Signature	Print Name(Full Name)	Date
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Birth Name (Full Name)	Social Security Number
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Date of Birth	Driver License Number	State
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Military Service #: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Print Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Application # \_\_\_\_\_

**READ THE FOLLOWING SECTIONS CAREFULLY BEFORE SIGNING**

It is the goal of University Health Systems of Eastern Carolina (UHS) and its entities to employ the qualified individual who best matches the requirements for the position to be filled. I certify that the statements on the online application and the forms that I have completed are made truthfully without evasion and agree that the statements may be investigated and if found false may subject me to disqualification for employment or be sufficient reason for my dismissal. I authorize schools which I have attended and all previous employers to furnish to UHS and its subsidiary corporate entities my employment record, reason for leaving and all information they may have concerning me and hereby release them and UHS and its subsidiary corporate entities from all liability for any damage whatsoever arising therefrom.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

**Acknowledgement and Release: Substance Prevention Policy**

I have been informed and acknowledge that University Health Systems of Eastern Carolina (UHS) and its subsidiary corporate entities have a Substance Abuse Prevention Policy which includes a **Zero Tolerance Provision**. I understand that applicants for positions with these corporations may receive pre-employment drug screening as part of the hiring process and that hiring decisions are contingent upon the results.

I specifically consent to and agree to provide body fluids (blood and/or urine) for drug and/or alcohol screening in accordance with this policy as part of the application process.

I understand that if I am not hired because of a positive drug screen, I will not be reconsidered for employment at UHS or any of its subsidiary corporate entities until I can document twelve (12) continuous months of treatment for drug abuse.

I understand and specifically consent and agree that any positive drug screening results will be furnished to the appropriate UHS employment office and to my professional licensing board, if appropriate. I further understand that once hired, subsequent positive screens or refusal to provide samples when requested will make me subject to disciplinary action up to and including termination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date