

Emplid \_\_\_\_\_



## PROMOTION

### CRIMINAL BACKGROUND CHECK AND DRUG SCREENING RELEASE FORMS

Attached are the required documents a candidate for promotion must complete to authorize UTHealth to conduct a criminal background check and a drug screen.

These forms, once completed, should be returned to the Hiring Manager (or his/her designee). The Hiring Manager (or his/her designee) will email the completed forms to [gadm-hrcbcregmail@uth.tmc.edu](mailto:gadm-hrcbcregmail@uth.tmc.edu).

The drug screen will be ordered based on the requested location on the forms. Once the candidate for promotion receives notification (from [Rapidresponse@preemploy.com](mailto:Rapidresponse@preemploy.com)) he/she will have 48 hour in which to complete the drug screen.\*

Results from the drug screen and the criminal background check will be sent to the Hiring Manager (and his/her designee). Results will generally take one week.

\*If the candidate does not complete his/her drug screen within the 48 hour window he/she must send an email or letter describing why the test was not completed and requesting a second test be ordered. Faculty and Academic A&P candidates submit their request for extension to XXXX. Classified and Management A&P candidates submit their request to [HR@uth.tmc.edu](mailto:HR@uth.tmc.edu). Requests will be reviewed and only one extension will be granted.

Questions regarding this process may be sent to Jean Grove at (713) 500-3113 or [Jean.Grove@uth.tmc.edu](mailto:Jean.Grove@uth.tmc.edu).

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## Attestation of Accuracy

### Attestation

- I certify the information provided by me in my application for employment with The University of Texas Health Science Center at Houston (UTHealth), and in this consent form and all accompanying attachments is correct, truthful and complete.
- I understand and agree that any offer of employment (or if employed, continuation of employment) is expressly contingent upon the accuracy and truthfulness of that information.
- I understand that any false information provided by me may result in the withdrawal of any offer of employment, or if employed, may result in disciplinary action, up to and including termination of employment.
- In consideration of my interest in employment with UTHealth, I authorize UTHealth to make reasonable inquiries regarding any information I have provided to UTHealth (including, but not limited to criminal background check, verification of prior work history, verification of educational background, etc.)
- This consent also authorizes any agency or individual to provide the information requested by UTHealth.
- I understand that if I am a male age 18-25, I must show either proof of registration with Selective Service or exemption from selective service at the time of hire. A reproduction of this request may be accepted as an original, and this acknowledgement and consent shall remain in effect until revoked by me.
- I understand that my application and accompanying attachments are the property of UTHealth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



Emplid: \_\_\_\_\_



## Drug Screening

To support our commitment to maintaining an environment free from substance abuse, effective Jan. 1, 2016, UTHealth will implement a new policy regarding drug screening of promoted employees. The full policy is now online: [HOOP 217, Drug Screening: Employees and Postdoctoral Research Fellows](#).

Drug screening will be conducted by a third party vendor and will consist of a standard 10 panel urinalysis screen. Notification of the need for the drug screen will come from the vendor in the form of an email, and the applicant/employee has 48 hours from when they open the vendor's message in which to take the test.

### **Please provide the following information:**

State ID or Driver's license number \_\_\_\_\_

State ID or Driver's license issuing state \_\_\_\_\_

Cell phone number \_\_\_\_\_

### **Please select drug screen collection site preference:**

Closest to my home address (as shown on your pay advice)

Closest to my business or other address (please provide address below if different from home address)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by The University of Texas Health Science Center, Houston (UTHealth) (“the Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by Pre-employ.com, Inc., 2301 Balls Ferry Road, Anderson, California 96007, 800-300-1821, www.Pre-employ.com (“the Agency”), another outside organization acting on behalf of UTHealth and/or UTHealth itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

<p><u>State of Washington applicants and employees only:</u> You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.</p>
<p><u>Massachusetts and New Jersey applicants and employees only:</u> You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</p>
<p><u>New York applicants and employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><u>Minnesota applicants and employees only:</u> You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>Oklahoma applicants and employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>California applicants and employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

UTHealth (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Pre-employ.com, Inc., 2301 Balls Ferry Road, Anderson, California 96007, 800-300-1821, [www.Pre-employ.com](http://www.Pre-employ.com), or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

## **NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**

UT Health (“the Company”) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your educational achievements, licensure and certifications, obtaining your driving record and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Pre-employ.com, Inc., 2301 Balls Ferry Road, Anderson, California 96007, 800-300-1821, [www.Pre-employ.com](http://www.Pre-employ.com). The source of any credit report will be Pre-employ.com, Inc., 2301 Balls Ferry Road, Anderson, California 96007, 800-300-1821, [www.Pre-employ.com](http://www.Pre-employ.com). Information regarding Pre-employ.com, Inc.’s, privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at [www.Pre-employ.com](http://www.Pre-employ.com)

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you which is required to be provided by the California Civil Code and will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.