

Sales Representative or Contractor Completion of Background Information Sheet

Policy -

Sales Representatives or Contractors requesting access to the University of Connecticut Health Center (UCHC) Campus must submit, for approval, a completed "Background Information Sheet" form. This is necessary to comply with Public Safety Department requirements.

Procedure -

1. Sales Representatives/Contractors sign onto Vendormate at www.uchc.vendormate.com/ download and print the "Background Information Sheet" form and pay on-line with credit card. This fee is forwarded to the UCHC Public Safety Department.
2. If a check or money order is the preferred payment the Sales Representative or Contractor can download the "Background Information Sheet" form directly from the [UCHC website](#).
3. Materials Management encourages Sales Representative or Contractors to bring their check or proof of payment with the completed "Background Information Sheet" form directly to UCHC Public Safety Department.
4. If the "Background Information Sheet" form and check or proof of payment is sent to Materials Management, the Resource Division will hand deliver it directly to the UCHC Public Safety Department.
5. The "Background Information Sheet" forms are never to be copied or held in the Materials Management Department.
6. The UCHC Public Safety Department notifies Materials Management and Vendormate of the Sales Representative's or Contractor's approval or denial.
7. If the UCHC Public Safety Department has approved the Sales Representative or Contractor, Vendormate will notify the Sales Representative or Contractor directly. At their next visit, they will be instructed to go to the UCHC Public Safety Department for a Green/Brown identification badge.
8. If the UCHC Public Safety Department rejects the Sales Representative or Contractor, the Purchasing Department is notified, the Sales Representative or Contractor is flagged in Vendormate and the Sales Representative or Contractor supervisor is notified that their employee can not visit the UCHC Campus.

BACKGROUND INFORMATION SHEET

PLEASE COMPLETE ALL SECTIONS AND SIGN AT THE BOTTOM

The following information is being solicited for purposes of conducting pre-employment criminal and/or other background checks only and is not used in employment decisions unrelated to the results of the background check.

Name: _____
Last First Middle (spell out)

Home Address: _____
Number Street City/Town State Zip

Social Security Number: _____

Date of Birth: _____
MM/DD/YYYY

Marital Status: ___ Single ___ Married ___ Divorced

Place of Birth: _____
City and State or Country

Maiden Name: _____

Citizenship: _____ Visa Status: _____

Aliases: _____

Drivers License ___ Yes ___ No State _____ # _____

_____ Race _____ Eyes _____ Height
_____ Sex _____ Hair _____ Weight

List the states that you have lived in the last 5 years: _____

Physically Disabled: ___ Yes ___ No

Identifying Scars/marks/tattoos (type & location): _____

- ▶ Are you related to, or an unmarried partner of, an employee at the UConn Health Center? YES NO If "YES" list below. Continue on the reverse side if necessary. Per UCHC Policy #2002-51 a relative is a spouse, father, mother, sister, brother, child, the spouse of a child, or any relative who is domiciled in the employee's household.

NAME	RELATIONSHIP	DEPARTMENT

- ▶ Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you?

(Exclude minor traffic violations, or any offense settled in juvenile court or under a youth offender law) YES NO

If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

Special Note: You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

DATE	PLACE	COURT LOCATION	OFFENSE(S)	DISPOSITION

- ▶ Have you ever been excluded, disbarred, restricted, disqualified, or sanctioned from any Federal or State programs or government organizations?

YES NO If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

DATE	PLACE	AGENCY	FUNDING	CURRENT STATUS

For the CMHC program, fingerprints taken by the Department of Correction will be submitted to the Connecticut State Police and the FBI for a criminal history

- ▶ Have there ever been any actions against your professional license(s)? YES NO N/A

If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

DATE	PLACE	AGENCY	FUNDING	CURRENT STATUS

- ▶ Have you brought or will you be bringing (or having transported) to the UCHC ANY biological materials that are pathogenic in humans, animals or plants, including but not limited to viable organisms or genetic elements of pathogenic viruses, bacteria, biological toxins, fungi, rickettsia, mycoplasma or parasitic organisms? YES NO

If "YES", **IMPORTANT NOTE:** You must contact Research Safety 860/679-2723 or rwallace@adp.uhc.edu before transporting any biological, chemical or radioactive materials to the UCHC.

I _____ certify that the information provided by me on the Background Information Sheet is COMPLETE and TRUE to the best of my knowledge and is made in good faith. I understand that if I knowingly make any misstatement of facts or fail to provide required information I am subject to disqualification or dismissal and other penalties as they may be prescribed by law, policy, or regulation.

SIGNATURE: _____ DATE SIGNED: _____

OFFICIAL USE ONLY This area must be completed by the Human Resources Officer or the Hiring Department	Submitted by: <input type="checkbox"/> L Barrows <input type="checkbox"/> B Camilleri <input type="checkbox"/> J Duggal <input type="checkbox"/> M Leone <input type="checkbox"/> N Logan <input type="checkbox"/> L Stockwell <input type="checkbox"/> D Gillon <input type="checkbox"/> J Mastriani <input type="checkbox"/> P Verdi <input type="checkbox"/> Other: _____	PUBLIC SAFETY USE ONLY <input type="checkbox"/> Cleared <input type="checkbox"/> Rejection based on failure to disclose <input type="checkbox"/> Administrative Review Pending <input type="checkbox"/> Administrative Review Complete Date/Outcome: _____ <input type="checkbox"/> Unable to process due to missing: _____
	Return to: <input type="checkbox"/> L Barrows <input type="checkbox"/> B Camilleri <input type="checkbox"/> J Duggal <input type="checkbox"/> M Leone <input type="checkbox"/> N Logan <input type="checkbox"/> L Stockwell <input type="checkbox"/> A. Smith <input type="checkbox"/> Other: _____	
	Area: <input type="checkbox"/> Clinical Operations <input type="checkbox"/> Dental Clinics <input type="checkbox"/> Research <input type="checkbox"/> Day Care <input type="checkbox"/> Non-Clinical <input type="checkbox"/> Clinical Faculty <input type="checkbox"/> IT <input type="checkbox"/> CMHC	
	Employee Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Grad Assistant <input type="checkbox"/> Dental Resident/Non-Surgical <input type="checkbox"/> Non-Paid <input type="checkbox"/> Student <input type="checkbox"/> Contractor: _____	
	Job Title: _____	
Position Requirements: Does Position require IDX Use? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Position Require LCR (Lifetime Clinical Record)? <input type="checkbox"/> Yes <input type="checkbox"/> No Grant Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No		