



Background Check Information Gathering Form

Date _____

INDIVIDUAL'S INFORMATION

Primary Name

First Middle (Optional) Last

Email _____

FOR DEPARTMENT OR HR USE ONLY

Department Code _____ Account Number _____ Sub Account Number _____

Programs Involving Children (PIC) Yes No

Name of PIC Program _____

Type of Position (Check one)

- Academic
- Staff
- Student (non-employee)
- Student Temporary
- Temporary
- Volunteer