Hiring Department:_____ Account #:_____Object Code_____
Supervisor:_____

Print Document

University of Maine

Supplemental Application Form for Positions Requiring SBI Checks

The University of Maine requires the completion of certain background checks for positions with responsibilities for childcare or close interaction with children and/or adults. Please complete this supplemental application form so that these checks may be conducted. A prior conviction or complaint will not necessarily make you ineligible to be hired; decisions will be made based on the circumstances of each individual situation.

*NAME:*_____
First *Middle* *Last*

*CURRENT ADDRESS:*_____
Street

_____
Town ***County (must complete)*** *State* *Zip* *Phone*

*PREVIOUS ADDRESS:*_____
Street

_____
Town *State* *Zip*

1. *Other names under which my records might be found (maiden name, former name, etc):*

   _____

2. *Date of birth* _____ 3. *Social Security #* _____
4. *Have you ever been convicted of a criminal violation? YES_____ NO_____*
   - *If yes, what was the nature of the conviction?* _____

     _____
   - *In what year did the conviction occur?* _____ *In what state did the conviction occur?* _____
   - *At the time of the conviction, were you 18 years of age or older? YES_____ NO_____*
5. *Have you ever been the subject of a complaint of child and/or adult abuse or neglect? YES_____ NO_____*
   - *If yes, what was the nature of the complaint?* _____

     _____
   - *What was the outcome of the complaint?* _____

     _____
   - *When was the complaint made?* _____
   - *What office or agency investigated the complaint?* _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. I UNDERSTAND THE FOLLOWING:

1. *If I am selected for a childcare position, my record will be checked with the State Bureau of Identification.*
2. *If information regarding convictions indicates that my employment would place children and/or adults at risk, the offer of employment may be withdrawn or my employment may be terminated.*
3. *Falsification of information on this form will make me ineligible to be hired or will be grounds for discharge.*
4. *The information obtained as a result of this SBI check will be treated with utmost respect for my confidentiality and privacy*

_____ _____
Signature *Date*

Return to: Background Checks
5717 Corbett Hall Rm 140
University of Maine
Orono, ME 04469-5717
or fax to (207) 581-1615

9/2009

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