

New Hire Background Check Verification

As of August 3, 2015, per the Chancellor's Office Background Check Policy (HR 2015-08), background checks must be conducted for every new employee. Please verify the following information. This information is necessary to determine what level of background checks will be conducted.

Note- Candidates may not begin working until the background check is complete and they have been notified by TUC HR that they have cleared. TUC Policy states that it is required all new hires must be vaccinated and receive available boosters for Covid-19.

POSITION INFORMATION

Department: _____ Job Title: _____

CANDIDATE CONTACT

Candidate Name: _____ Phone Number: _____

Email: _____

Please check off all that apply:

- Responsibility for the care, safety, and security of people (including children and minors), animals, and CSU property
- Authority to commit financial resources of the University through contracts greater than \$10,000
- Access to, or control over cash, checks, credit cards, and/or credit card information
- Responsibility or access/possession of building master or sub-master keys for building access
- Access to controlled or hazardous substances
- Access to and responsibility for detailed personally identifiable information about students, faculty, staff, or alumni that is protected, personal, or sensitive
- Control over campus business processes, either through functional roles or system security access
- Responsibilities that require the employee to possess a license, degree, credential, or other certification in order to meet minimum job qualifications and/or to qualify for continued employment in a particular occupation or position
- Responsibility for operating commercial vehicles, machinery, or equipment that could pose environmental hazards, or cause injury, illness, or death

If none of the above apply to this position then check this box:

- If I have not checked any of the boxes above, then I am stating that the named position does not and will not perform any of these duties and therefore will not be subject to a background clearance

Acknowledgment:

I certify that all the provided information is correct.

Supervisor Name

Signature

Date

For Internal Use Only-	Background Clearance Date: _____ By _____
	Livescan Clearance Date: _____ By _____