



University Human Resources

Background Investigation Faculty Candidate Information Form

(Complete both pages of this form and sign at the bottom of page 2)

_____ First Name	_____ Last Name	_____ Middle Name	_____ Social Security No.	_____ Date of Birth
_____ Other Name(s)		_____ Telephone No.	_____ Email	

Please list all addresses for the past seven years. If more than three, please use the reverse side of this form.

- 1) _____
Full Street Address, City, State From - To _____
- 2) _____
Full Street Address, City, State From - To _____
- 3) _____
Full Street Address, City, State From - To _____

Current/Previous Employment-Please list employment starting with the most current:

- 1) _____
Employer Full Street Address, City, State Phone Number _____
Your Title _____ Supervisor's Name & Phone Number _____ Dates Employed: From - To _____
- 2) _____
Employer Full Street Address, City, State Phone Number _____
Your Title _____ Supervisor's Name & Phone Number _____ Dates Employed: From - To _____
- 3) _____
Employer Full Street Address, City, State Phone Number _____
Your Title _____ Supervisor's Name & Phone Number _____ Dates Employed: From - To _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

Complete only if applying for a position which requires a valid license: _____
Driver's License Number State Issued

Please list the highest education completed:

_____ Name of School or University	_____ Address		
_____ Degree or Diploma	_____ Date Awarded	_____ Name Under Which Attended	

Professional License or Certificate:

_____ License/Certificate Number	_____ State Issued	_____ Type of License/Certificate	_____ Expiration Date
_____ License/Certificate Number	_____ State Issued	_____ Type of License/Certificate	_____ Expiration Date

Have you ever been a subject of an investigation into an allegation of research misconduct (research misconduct is defined as fabrication and/or falsification of data or plagiarism)? If yes, when was such investigation conducted and at which institution? (Please use a separate sheet to explain) _____Yes _____No

LIABILITY CLAIMS INFORMATION - FOR PAID FULL-TIME & PAID PART-TIME CLINICAL FACULTY ONLY:

Please document your professional liability loss experience for the most recent five-year period by attaching documentation prepared by your previous insurance carrier(s) and/or your prior employer(s). The documentation should include the following information:

1. Whether or not any professional liability claims or law suits were brought against you in the past five years.
2. Any settlements made on your behalf and/or any judgments entered against you within the past five years.
3. A description of the material facts applicable to the claims and suits referenced in points one (1) and two (2), as well as the amount of any settlements/judgments made on your behalf.

Note: You may be requested to provide additional information regarding claims or suits resulting in settlements or judgments, including relevant records or descriptive information which may be available from your defense counsel or insurer.

**APPLICANT'S AUTHORIZATION TO
RELEASE INFORMATION**

I understand and agree that, as a candidate for appointment to Rutgers, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.

I authorize Rutgers and its agents to consult with employers, educational institutions, members of hospital medical staffs, professional liability carriers and any other persons or entities to obtain information about me, and I authorize any and all such persons and entities to release any information about me that may be relevant to an evaluation of my qualifications. This information may include confidential or privileged information, such as information about disciplinary actions and National Practitioner Data Bank (NPDB) reports. I hereby release Rutgers, its affiliated entities, employees and agents from any and all liability for requesting information and acting based on such information. I also release from liability any individuals and entities that in good faith provide such information to Rutgers.

I understand that any misstatement or omission in this form may constitute grounds for denial of this appointment, discipline or termination. I agree that if any material changes occur affecting my professional status or qualifications, or if I am notified by the National Practitioner Data Bank of any adverse action against me, or if I am convicted or plead guilty or no contest to any felony or misdemeanor, it is my obligation to immediately notify Rutgers.

I certify that the information provided on or with this form is true and complete to the best of my knowledge. I certify that I have fully read and understand the above statements and agree to them.

APPLICANT SIGNATURE: _____
(Signature stamp not accepted)

DATE: _____