

University of Miami School of Medicine Security Department



Contractor / Vendor Background Search Authorization

Print Name: _____
Last:
First:
MI:

Social Security Number:	Driver's License Number:	DL State:	Date Of Birth:	Sex:	Race:
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Current Address

Street	City:	State:	Zip:
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City & State Of Previous Residences Outside Miami-Dade or Broward

City:	State:	City:	State:	City:	State:
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Service Provider Information

Company:	Supervisor's Name:	Supervisor's Phone:
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Type Service Provided:	University of Miami Contact & Phone:
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Background Information

Have you ever been convicted of a crime (including misdemeanor, felony or criminal negligence)? Yes No

Have you ever pled guilty to a crime (including misdemeanor, felony or criminal negligence)? Yes No

Have you ever pled no contest, nolo contendere, or had adjudication withheld on any criminal charge (including misdemeanor, felony, or criminal negligence)? Yes No

Do you have any criminal charges pending? Yes No

Have you been in a pretrial diversion program, pretrial intervention program or had prosecution deferred? Yes No

If you answer yes to any of the above, please explain: _____

If driving is a part of your service to the University of Miami (other than travel to and from our facility) please list traffic violations over the last seven years: _____

Certification

Any ID Badge issued as part of this application is the property of the University and is being issued to you at the University's sole discretion for identification purposes only while you are on the University premises. This ID Badge must not be used to represent the University, represent you as a University employee or agent, or as having any affiliation with the University other than that identified on this badge. The University is a drug-free workplace and you agree to abide by this and all other University Policies and Procedures while on the University premises or otherwise interacting with the University. The University will perform a complete background investigation on you, and the results of that investigation may be shared with your current employer. The results of this investigation or evidence of a criminal background could result in the University requesting that you not be assigned to its facilities. Additionally, the University may revoke your access to its facilities and/or require that you return the ID Badge at any time for any reason. By signing below you indicate your understanding and agreement of the above and certify that to the best of your knowledge, all of the information provided by you on this form and in any related documentation is complete, factually correct, and honestly presented. **You understand that falsification, omission or misrepresentation of any information submitted will be sufficient grounds for denying you access to the University's facilities.**

Applicant's Signature: _____ Date: _____

Security Use: Form 592001	Date Issued: _____	Date Declined: _____	By: _____
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