

# UAB Faculty Background Check Request Form

Please complete this request form and save as "College/School Code.Candidate Last Name.First Initial", *example: CAS.Smith.J* – attach the form to an email with the same subject and send to [Facultybcc@uab.edu](mailto:Facultybcc@uab.edu). Questions related to the Faculty Background Check Process, may be directed to Janice Ward at 934-0513 or Geneva Thompson at 975-6086.

## Candidate Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Job Information

Rank/ Title: \_\_\_\_\_ Proposed Hire Date: \_\_\_\_\_

College/School: \_\_\_\_\_ Department: \_\_\_\_\_  
*(Include Name and 9 digit Org number) (Include Name and 9 digit Org number)*

## College/School Contact Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Campus Address: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### College/School Code:

College of Arts & Sciences:	CAS	UAB Libraries	LIB
School of Business:	BUS	School of Health Professions:	SHP
School of Dentistry	SOD	School of Medicine:	SOM
School of Education:	SOE	School of Nursing:	SON
School of Engineering:	ENG	School of Optometry:	OPT
Academic Joint Departments:	JHS	School of Public Health:	SPH
Graduate School	GRD		

**\*PLEASE PROCESS BACKGROUND CHECKS FOR 01 AND 03 FACULTY IN UAB PEOPLEADMIN ONLY.**