# UAB Recruitment Services OIG Data Form (02/04 Assignment Status Applicants Only)

## If you are hiring an individual (non-faculty) in a 02/04 status and wish to run an OIG check, please have the applicant complete this form. Recruitment Services will require a signed departmental offer letter/authorization form from the applicant before the check can be conducted. Upon completing this form, please save it under the following naming convention: OIG/College Name or School code/Candidate’s Last Name, First Initial” (*Example: OIG/CAS/Lastname,F* )

## Once completed, please send this form along with the signed offer/authorization letter via email to uabjobs@uab.edu. Please ensure your email lists as the subject the same naming convention used with the form (Example: *OIG/CAS/Lastname,F* ). We will send confirmation upon receipt of your forms.

|  |
| --- |
| 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: |  | ProposedHire 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. |
| CampusAddress: |  |  |
|  |  |  |
| Primary Phone: | ( ) | Alternate Phone: | ( ) |
| E-mail Address: |  |

**College/School Code:**

College of Arts & Sciences: CAS Lister Hill Library: LHL

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

Joint Health Sciences: JHS School of Public Health: SPH

Mervyn Sterne Library: MHSL