# 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](mailto: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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 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