

UIN REQUEST APPLICATION



Identification is required to receive a UIN. Select from the following forms of identification to verify application information and submit with the UIN Request Application Form:

VALID DRIVER LICENSE
SOCIAL SECURITY CARD
PASSPORT
OTHER GOVERNMENT IDENTIFICATION

APPLICANT INFORMATION

NAME AS IT APPEARS ON SOCIAL SECURITY CARD (Last, First Middle)		SOCIAL SECURITY NUMBER
Former names used, including Maiden Name		
DATE OF BIRTH	TELEPHONE NUMBER	
TEMPORARY ID - <i>FORIEGN NATIONALS ONLY</i>	COUNTRY OF NATIONALITY - <i>FORIEGN NATIONALS ONLY</i>	

PURPOSE FOR UIN

Describe the purpose for requesting a UIN

SIGNATURE AND APPROVAL

Authorizing signature will be a Dean or Department Head.

NAME OF DEPARTMENT HEAD - *Please Print*

DEPARTMENT

SIGNATURE

INSTRUCTIONS: This application form and acceptable forms of identification can be delivered to Human Resources in USC 126, faxed to 825-5871, or emailed to Maria.Pedigo@tamucc.edu.

CRIMINAL BACKGROUND CHECK AUTHORIZATION

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.



An Equal Opportunity/Affirmative Action Employer: Texas A&M University-Corpus Christi does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of Texas A&M University-Corpus Christi.

TO BE COMPLETED BY APPLICANT OR EMPLOYEE

NAME AS IT APPEARS ON SOCIAL SECURITY CARD (Last, First Middle)			UIN / SOCIAL SECURITY NUMBER	
Former names used, including Maiden Name				
RESIDENCE ADDRESS (Number and Street)		CITY	STATE	ZIP
EMAIL ADDRESS		TELEPHONE NUMBER		
RACE	GENDER	DATE OF BIRTH	DRIVER LICENSE NUMBER & ISSUING STATE	

APPLICANTS	JOB TITLE OF POSITION I AM APPLYING FOR
APPLICANTS, VOLUNTEERS & CONTRACTORS	PROGRAM DEPARTMENT

RESIDENCY INFORMATION List all places of residence since the age of 18. Attach extra pages if needed.

CITY	STATE	COUNTY	COUNTRY
CITY	STATE	COUNTY	COUNTRY

CONVICTION RECORD - Attach additional pages as necessary

- Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? Yes No
- Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? Yes No
- Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense? Yes No
- Have you ever received probation or community supervision for any federal, state or municipal offense? Yes No
- Have you been convicted of any criminal offense in a country outside the jurisdiction of the U.S.? Yes No
- As of the date of this consent form, do you have any pending charges against you? Yes No

If you answered yes to any of the questions above, provide details below. Attach extra pages if needed.

STATE	COUNTY	DATE OF OFFENSE	DETAILS

ACKNOWLEDGEMENT AND CONSENT

I acknowledge that a facsimile or copy of this document shall have the same validity, force and effect as the original. System Regulation 33.99.14 addresses the operation of criminal history background checks within the A&M System, including appeal procedures. The Texas A&M University System regulations require that an employee must report to his/her supervisor any criminal arrests, criminal charges, or criminal convictions, excluding misdemeanor traffic offenses punishable only by fine, within 24 hours or at the earliest possible opportunity. Failure to report shall constitute grounds for disciplinary action, up to and including termination. The employee's supervisor must report the arrest(s), criminal charge(s), or conviction(s) to both the head of the department/unit and the Human Resources Office. If you have questions, please contact Human Resources at (361) 825-2627.

I hereby certify that all information provided by me on this form is true, complete, and correct. I understand that any false statements made herein may void my application for employment, be grounds for termination of my current employment and affect my eligibility for future Texas A&M University-Corpus Christi employment.

Signature of Applicant / Employee / Volunteer _____ Date _____

FAX

UIN Request



**HUMAN
RESOURCES**
OUR SERVICES - YOUR FUTURE

To:	Human Resources	Department Sending Fax:
HR Fax:	5874	Department Contact Person:
Date:	2630	Department Phone:

Comments:

CONFIDENTIALITY NOTICE: The information contained in this facsimile transmission is confidential. It may also be subject of the attorney-client privilege, work product or proprietary information. This information is intended for the exclusive use of the addressee named above. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution (other than to the addressee named above), copying or taking of any action because of this information is strictly prohibited. If you have received this information in error, please immediately notify us by telephone (361-825-2630) to arrange for the return of the documents.