



Making Cancer History®

**NOTIFICATION OF PERSONAL AND CRIMINAL HISTORY  
BACKGROUND CHECK**

**THIS SECTION TO BE COMPLETED BY APPLICANT**

I certify that the statements made by me on this form are true, complete, and correct, based on my knowledge and belief and are made in good faith. I understand that falsification of any information on this form will void my application for employment and any actions based on it. I acknowledge that the information on the application for employment together with any attachments, is the property of The University of Texas M. D. Anderson Cancer Center.

**PLEASE PRINT ALL INFORMATION REQUESTED**

|                                   |  |                   |  |                      |                     |
|-----------------------------------|--|-------------------|--|----------------------|---------------------|
| <b>Last Name</b>                  |  | <b>First Name</b> |  | <b>MI</b>            |                     |
| <b>List any former names used</b> |  |                   |  |                      |                     |
| <b>Driver's License #</b>         |  | <b>State</b>      |  | <b>Date of Birth</b> |                     |
|                                   |  |                   |  | <b>MM</b>            | <b>DD</b> <b>YY</b> |
| <b>Social Security #</b>          |  |                   |  |                      |                     |

Disclosure of your Social Security Number ("SSN") is requested from you in order for The University of Texas M. D. Anderson Cancer Center to perform a background check on you. You are not required, by statute or other authority, to disclose your SSN for this stated purpose. Failure to provide your SSN, however, will result in our inability to process your application. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

I hereby authorize and request any present or former employer, school, law enforcement agency, or references (supplied by me under separate cover) to furnish bearer with any and all information in their possession regarding me, in connection with my accepting employment with The University of Texas M. D. Anderson Cancer Center. I am willing to have a photocopy of this authorization be accepted with the same authority as the original.

I hereby release The University of Texas M. D. Anderson Cancer Center from any and all liability and responsibility, damages, and claims of any kind whatsoever arising from this inquiry.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY TRAINEE & ALUMNI AFFAIRS**

Criminal History Check Completed \_\_\_\_\_ Date Completed \_\_\_\_\_

Notice about Information Laws and Practices

With few exceptions, you are entitled at your request to be informed about the information The University of Texas M. D. Anderson Cancer Center collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Per the *Texas Government Code* § 559.004, you are entitled to have M. D. Anderson correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in The University of Texas Business Procedures Memorandum 32. The information M. D. Anderson collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time. Under Section 559.003 of the *Texas Government Code*, this form may be amended periodically.