HOWARD UNIVERSITY
BACKGROUND CLEARANCE DOCUMENT

Name_____
Last Name First Name Middle Initial Maiden Name

Present Address_____
No. Street City State

Zip Code

Telephone Numbers (Home) _____ (Work) _____ (Mobile) _____

Have you ever worked at Howard University or Howard University Hospital? ☐ Yes ☐ No

If Yes, When? Where? Reason for leaving?

_____

_____

Current HU employee, provide Employee ID # _____ If under 18 years, indicate age (_____)

Are you now or have you ever been a student at Howard University? ☐ Yes ☐ No

Do you have any delinquent financial obligations owed to the University or Hospital? ☐ Yes ☐ No

Do you have any relatives presently working at the University or Hospital? ☐ Yes ☐ No

If Yes, state name, relationship, and department where your relative works.

_____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If Yes, describe in full, including date and location of court records.

_____

_____

Are you legally authorized to work in the United States? ☐ Yes ☐ No
(Proof of citizenship and Social Security will be required at the time of appointment)

EDUCATION

Type of School	Name and Location	Graduated		No. of Years Completed	Degree Subject
High School/GED		☐ Yes	☐ No		
Bachelors		☐ Yes	☐ No		
Masters		☐ Yes	☐ No		
Doctoral		☐ Yes	☐ No		
Other		☐ Yes	☐ No		

Read Carefully Before Submitting this Document

As a candidate for employment at Howard University, I understand and agree that failure to answer all questions on this document and/or providing false information herein may be cause for denial of employment or dismissal in the event of employment. Additionally, by my submission of this document, I authorize the release of information regarding my education, background and work history to be used in determining my qualifications and suitability for employment at Howard University.

Signature _____ Date _____

Howard University does not discriminate on the basis of race, color, national and ethnic origin, sex, marital status, religion, or disability. Inquiries regarding provisions for persons with disabilities, equal employment opportunity and the Title IX should be directed to the Office of the Interim Vice President for Human Capital Management at (202) 806-1299.

Updated July 13, 2010