



**University of Central Florida**  
**APPLICANT AFFIRMATION**

Dept. Contact:	<input type="text"/>	Contact Tel.:	<input type="text"/>
Dept. Number for One-Time Background Check Charge:	<input type="text"/>		
Applicant EmplID:	<input type="text"/>	Employee Pay Plan:	<input type="text"/>

Name (Last, First, Middle Initial)

Email Address

Position Number

**EDUCATIONAL PREPARATION:**

Highest Degree Received	Year Awarded	College or University That Awarded This Degree	Major Field
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMPLOYMENT ELIGIBILITY:**

Are you a U.S. citizen? YES  NO

If No, are you authorized to work in the United States? YES  NO   
*Federal law requires proof of right to work in the U.S. no later than three business days after the employment start date.*

Will you, now or in the future, require sponsorship for employment visa status? YES  NO

Are you currently, or were you previously, employed by either the state of Florida or a state university? YES  NO   
If yes, please specify where: \_\_\_\_\_

Have you received written notice of layoff by the University of Central Florida? YES  NO

Do you have any relatives who are currently employed by this University? YES  NO   
If yes, please provide their name and relationship: \_\_\_\_\_

*\*Please note that persons who intend to marry or with whom the employee intends to form a domestic partnership or other intimate relationship are included in this definition of "relative."*

**BACKGROUND INFORMATION:**

All questions within this mandatory background section must be answered. Please note that a "yes" answer to these questions is not an automatic bar from employment. The nature, job relatedness, severity, and date of the offense in relation to the position applied for are considered.

1) Have you ever been convicted in court of a felony or misdemeanor?  
If yes, give details below: YES  NO   
Date of conviction/adjudication: \_\_\_\_\_ Court location: \_\_\_\_\_  
Disposition: \_\_\_\_\_

2) Are there any criminal charges now pending against you other than non-criminal violations? YES  NO   
Charges: \_\_\_\_\_ Date: \_\_\_\_\_ Where? \_\_\_\_\_

3) Have you been convicted of a felony for the sale or trafficking in or conspiracy to sell or traffic in a controlled substance committed on or after October 1990? YES  NO

**APPLICANT ACKNOWLEDGEMENT:**

I hereby authorize the University of Central Florida to verify all information contained in this document and any supplement(s) hereto. I certify that the above statements are true and complete to the best of my knowledge. I further understand that any omissions, false statements, misstatement, or misrepresentations made by me on this document, supplement(s) hereto, or any materials submitted in support of my application for employment, may be grounds for rejection from consideration for further employment and/or immediate discharge.

I also agree that a background investigation may be conducted to verify educational and professional qualifications and experience that may include contact with persons I have not identified as references in support of my application.

I acknowledge that in accordance with UCF Regulation 3.039, participation in the direct deposit program is mandatory. Candidates will be required to complete the UCF Direct Deposit Authorization Form at the time of payroll sign-in. Also, employees of all Public Employers in the State of Florida are required to take an Oath of Loyalty to the United States and the State of Florida.

Any retiree with a retirement date of July 1, 2010 or later, must remain off the payroll for 6 full calendar months before they are eligible for rehire. An individual is considered retired if he or she has received any benefits under the FRS Pension Plan (including DROP) or has taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (CCORP), state government (SMSOAP), or local governments (senior management).

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print applicant name: \_\_\_\_\_