Office of the Provost
Hampton University
Hampton, Virginia 23668
(757) 727-5201

New Faculty Information Sheet/Background Check Form

This form must be completed by the department. Please read carefully and complete **all** requested information.

Instructions for obtaining background check: Payment for the background check can be made at the cashier's window in Whipple Barn or the Administration Building. A member of the staff from the department **(not the prospective employee)** must submit this form to the Office of Human Resources along with the individual's receipt. When this form is returned to you by the Office of Human Resources, include it with the hiring papers and submit to the Office of the Provost.

Full Time Part-time Adjunct

Name:_____
First Middle Last Jr., Sr., Etc.

Address: _____
Street Apt. No. City State Zip

Prior Address:_____
Street Apt. No. City State Zip

Date of Birth: _____ Social Security Number: _____

Home Telephone Number: _____ Citizenship (country):_____

Gender: _____ Ethnicity:_____ Marital Status: _____

Name of your department:_____

Department Budget Number:_____
Budget information **must** be included Index Fund Org Account Program

Department Mail Box Number at the University Mail Room
(this is where your check or check stub will be mailed): _____ Office Extension: _____

Emergency Contact Information:

_____ _____ _____
Name Telephone Number Relationship

Address: _____
Street Apt. No. City State Zip

FOR OFFICIAL USE ONLY (Office of Human Resources): After the background check is completed, please sign and return this form to the department.

Authorization from the Office of Human Resources: _____