

**UNIVERSITY OF MICHIGAN  
DEPARTMENT OF PUBLIC SAFETY AND SECURITY**

**BACKGROUND CHECK**

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Name of Summer Camp You Will Be Working For

I, THE UNDERSIGNED, AUTHORIZE THE UNIVERSITY OF MICHIGAN, THROUGH THE DEPARTMENT OF STATE POLICE, CENTRAL RECORDS DIVISION OR ANY OTHER AGENCY TO CONDUCT A CRIMINAL HISTORY FILE AND MOTOR VEHICLE RECORD CHECK BY NAME AND IDENTIFIERS TO DETERMINE THE EXISTENCE OF ANY ARREST RESULTING IN A CONVICTION AND FURNISH A RESPONSE TO THE UNIVERSITY OF MICHIGAN.

\_\_\_\_\_  
Signature of Applicant

**A MANAGEMENT STAFF MEMBER FROM THE HIRING DEPARTMENT  
MUST COMPLETE THE FOLLOWING SECTION  
(PLEASE PRINT or TYPE)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**(PLEASE PRINT or TYPE)**

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Hiring Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_