

**The University of Connecticut
Dept. of Dining Services
Employee Waiver for Information**

I, _____ (please print) hereby authorize The Department of Dining Services or its designated representative to conduct a thorough background check pertaining to my employment history.

This background check will consist of a Professional Reference check, past employer check, credit check, criminal background check and Worker's Compensation claims check.

I also understand that my employment is contingent upon a satisfactory report of my employment history, drug screen, physical, PPD reading and back evaluation.

I understand that I may re-apply after a 6 month period in the event of a withdrawal of an offer of employment for failure to fulfill any of the above criteria or for any reason.

(Signature of applicant)

Date _____