Creighton UNIVERSITY

Human Resources

BACKGROUND INVESTIGATION ACKNOWLEDGEMENT AND AUTHORIZATION

In connection with my application for employment, I understand that a background investigation will be conducted which will include, but may not be limited to, a combination of the following screenings:

- County Criminal Record Search (Required)
- Alias Name Search (Required)
- Found Wants and Warrants (Required)
- Found Protection Orders (Required)
- Residential History Search (Required)
- Social Security Number Search (Required)
- Federal Criminal Record Search
- Credit Report
- Driving Record
- Education and/or License Verification
- Employment or Personal Reference Check
- Sex Offender Registry
- State of Nebraska Adult and Child Abuse Registry
- Office of the Inspector General (OIG) Cumulative Sanction Report (**Required for employees involved in Health Care)**

I authorize Creighton University to conduct the required background investigation used in connection with consideration of my application for employment. I release Creighton University and its partners, officers, directors, agents, employees, affiliates, and its agent ***HireRight*** from any and all liability for any damages which may arise from or relate to any consumer report and/or investigative consumer report and/or other background investigation requested, obtained or used by Creighton University with my application for employment**. Special note to internal candidates (current employees): The result of this investigation may adversely impact your current employment with the University.**

Section I - Candidate (Please Print)

Name: _____
Last First Middle

Other Names Used: _____

Current Address: _____
Street City State Zip Code

Prior Address: _____
Street City State Zip Code

Section II - Final Candidate (Not to be completed by candidate until an offer of employment is made)

_____ _____ _____
Date of Birth (Month, Day, Year) Gender Social Security Number

_____
Driver's License Number and State of Issuance (Only if position requires driving record check)

I understand that if adverse information is revealed, I will be notified in writing by the Human Resources Department. I will have seven business days, from the date on the written notice, to contact the Human Resources Department to discuss the adverse information. I further understand that I must also notify ***HireRight*** to contest the results of the background check within seven business days from the date of the written notice to me. Failure to complete any part of this process in described time frames will automatically result in disqualification from the hiring process.

If not a US Citizen, what type of employment eligibility documentation do you hold? _____

Signature: _____ **Date:** _____

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

As part of the hiring process, CREIGHTON UNIVERSITY invites you to complete an online Central Registry Check. You will receive an email invitation from DHHS.CFSCR@nebraska.gov with a unique URL to log in and complete your form. Once you are logged in, the on-screen instructions will guide you through the background check process.

Please provide the information below:

First name: _____

Last name: _____

Email address: _____

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TODAY'S DATE: _____

NAME AND SOCIAL SECURITY NUMBER

Please enter *Last*, *First*, and *Middle* Names as it appears on Social Security Card

Last Name: _____

First Name: _____

Middle: _____

Professional Name: _____

Preferred/Nick Name: _____

SSN: _____ ☐ FEMALE

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ MALE

BIRTH INFORMATION AND MARITAL STATUS

Birth Date: _____
Month Day Year

Town of Birth: _____

State of Birth: _____

Country of Birth: _____

Marital Status

☐ Single ☐ Widowed

☐ Married* (see below) ☐ Legally Separated

☐ Divorced

If married, is your spouse a current Creighton employee? ☐ Yes ☐ No

*If yes, please provide spouse's full name:

_____

ETHNIC ORIGIN

Are you Hispanic or Latino?

☐ Yes, I am Hispanic or Latino

☐ No, I am not Hispanic or Latino

No matter what you selected above, please answer the following question. What is your race? (If applicable, select more than one)

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

RELIGION

☐ Greek Orthodox ☐ Jewish

☐ Hindu ☐ Protestant

☐ Islam ☐ Roman Catholic

☐ Buddhist ☐ Sikh

☐ Other _____

HAVE YOU EVER BEEN EMPLOYED BY CREIGHTON UNIVERSITY? ☐ Yes* ☐ No

*If yes, dates of employment _____

CITIZENSHIP

Are you a citizen of the United States? ☐ Yes ☐ No*

*If NO, what is your country of citizenship? _____

ADDRESS

Address: _____

PO Box/Apt. Number: _____

City: _____ State: _____

Zip Code: _____ County: _____

Phone (primary): _____ ☐ cell ☐ home ☐ other

Phone (other): _____ ☐ cell ☐ home ☐ other

EMERGENCY CONTACT

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____

Email: _____

Phone (primary): _____ ☐ cell ☐ home ☐ other

Phone (other): _____ ☐ cell ☐ home ☐ other

EDUCATION

High School Graduate or GED: ☐ Yes ☐ No

Technical or Trade School: ☐ Yes ☐ No

Certifications/Licenses: _____

_____

College/University:	From	To	Degree

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DIRECT DEPOSIT AUTHORIZATION

Direct deposit is MANDATORY for all faculty and staff, and highly recommended for students. To have your payroll and expense reimbursement checks directly deposited in your bank, follow these instructions.

- Complete and print the Authorization Agreement for Direct Deposit form below. **You do not need to attach a VOIDED CHECK from your bank, but please be certain you have entered your routing and account numbers correctly.** Please note, your debit card number is NOT your account number.
- Return form to the Human Resources office located at 3006 Webster St., Omaha, NE 68131, or mail to: Creighton University, Attn: PAYROLL, 780615 California Plaza, Omaha, NE 68178-0615. Students may return the form to the Student Employment Office (located in the Harper Center) or Human Resources.
- **Employees will need to show their Creighton ID before this form is entered for direct deposit.**
- If there are any questions, please contact Human Resources at 402-280-2709.

Faculty/Staff: Travel and Expense (T&E) reimbursements use the Payroll direct deposit information. Your T&E reimbursements will be deposited to the account specified in the **PRIMARY BANK ACCOUNT** provided below.

Students: This direct deposit is **NOT** for your student loan refunds. That is a separate process through the CU Business office. Please call 402-280-2707 for assistance with student loan refunds.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize Creighton University to:

1. Direct deposit my payroll and expense reimbursements into the bank and account(s) listed below, and
2. Make any necessary debit entries and adjustments to correct any credit entries made in error.

Your Information			
Name (print):		**NetID:**	
Signature:		**Date:**	
Primary Bank Account Information			
Main Bank Name:			
Main Account Number:			
Main Routing Number:		☐ **Checking**	☐ **Savings**
Notes:			
Faculty/Staff: If use of a second account is desired, please provide information for the second account below.			
Secondary Bank Name:			
Secondary Account Number:			
Secondary Routing Number:		☐ **Checking**	☐ **Savings**
Notes:			

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REHABILITATION ACT OF 1973

Creighton University is a government contractor and, as such, is subject to Section 503 of the Rehabilitation Act of 1973 and to Section 402 of the Vietnam Era Veterans' Readjustment Act of 1973. We are required to take affirmative action to employ and advance in employment qualified handicapped individuals, disabled veterans, and veterans of the Vietnam Era.

A handicapped individual is any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.

Disabled Veteran
A veteran who served on active duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran
A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under the laws administered by the Department of Defense. For a list of qualifying events, please visit www.opm.gov/staffingPortal/vgmedal2.asp.

Recently Separated Veteran
A veteran separated during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military.

Armed Forces Service Medal Veteran
A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation that received an Armed Forces service medal.

I understand that this information is voluntary and shall be kept confidential except that supervisors, managers, first aid and safety personnel may be informed as is appropriate. Government officials investing compliance with the Act shall also be informed.

VETERAN STATUS:

- ☐ Not a Veteran
- ☐ Disabled Veteran
- ☐ Disabled Vietnam Veteran
- ☐ Vietnam Veteran
- ☐ Other Protected Veteran
- ☐ Other Protected Disabled Veteran
- ☐ Armed Forces Service Medal Veteran

Discharge date (if within three years): _____

DISABILITY STATUS:

- ☐ Fully Disabled
- ☐ Partially Disabled

TYPE OF DISABILITY: Please check applicable box(es).

- ☐ Use wheelchair
- ☐ Emotionally impaired
- ☐ Visually impaired
- ☐ Blind
- ☐ Use crutches
- ☐ Speech impaired
- ☐ Hearing impaired
- ☐ Deaf
- ☐ Lifting restriction: # of lbs._____
- ☐ Please state necessary accommodation(s): _____

☐ No disability and/or do not consider me under the above-mentioned status categories.

Signature _____ Date _____

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CONFIDENTIALITY AND ELECTRONIC ACCESS AGREEMENT
Acknowledgment of Receipt for all Creighton University Faculty and Staff

As an employee (such as Faculty, Staff, and Student) of Creighton University, you will have access to what this agreement refers to as "confidential information." This agreement will help you understand your responsibilities regarding confidential information and electronic access.

Confidential information includes patient, faculty, staff, student, financial information, electronic access, or any other information relating to Creighton University, or information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through a computer system or through your employment activities. Confidential information is sensitive and is protected by law and by strict Creighton University policies. The intent of these laws and policies is to assure that confidential information will remain confidential and will be used only as necessary to accomplish the University's mission. As an employee, you are required to conduct yourself in strict conformance to applicable laws and University policies governing confidential information. Your obligations in this area are explained below. The violation of any confidential information can and will be subject to corrective action up to and including termination of employment.

As an employee, you understand that you will have access to confidential information which may include, but not limited to:

- Patient (such as records, conversations, admittance information, patient/member financial information, etc.),
- Faculty, Staff, Students, Alumni, Donors and Prospective Donors (such as employment records, performance evaluations, payroll information, corrective actions, educational records, etc.),
- Creighton University and/or Creighton University Medical Center information (such as financial information, faculty research information, strategic plans, internal reports, secure technical system design, payroll information, contracts, communications, fund raising campaigns, proprietary computer programs and technology, etc.), and
- Third party information (such as computer programs, client and vendor proprietary information source code, proprietary technology, etc.).

All confidential information is and remains the property of Creighton University. I understand that accessing, using and/or disclosing confidential information for any reason other than to perform my assigned job duties constitutes misuse. I agree to the following:

- Access and use confidential information only with proper authorization and as necessary to perform assigned job duties.
- Not make any personal copies of any confidential information
- I will not access confidential information that I do not need to perform assigned job duties.
- I will not disclose confidential information to third parties or use confidential information for my own purposes.
- I will not destroy or alter any confidential information
- I will not share my ID access cards or my NET ID, or any other means by which I am able to access confidential information with any third person, other than my manager or supervisor.
- I will become familiar with, and will periodically review, Creighton's Fair, Responsible, and Acceptable Use Policy for Electronic Resources (www.creighton.edu/hr, Resources, Guide to Policies, #2.1.15), and any Creighton policies regarding health or medical record information, if applicable.
- If I do not understand what is required of me under this acknowledgment or under any Creighton policy, I will ask my manager for further clarification.

I understand and agree that misusing confidential information or failing to follow the terms of this Confidentiality and Electronic Access Agreement may result in corrective action, up to and including termination of my employment. I also understand that disclosing or using any confidential information in violation of this Agreement, will result in irreparable injury to Creighton, and that money damages would not be an adequate remedy. Therefore, I agree that in the event of a breach or a threatened breach of confidentiality and/or this Agreement, Creighton shall be entitled to obtain an injunction against me prohibiting me from breaching this Agreement. I understand that an injunction shall be in addition to and not instead of any other additional relief by way of money damages.

I understand that this Agreement will not be construed as a contract of employment. I acknowledge by signing below that I have read and understand the Confidentiality and Electronic Access Agreement, and that I will honor the terms.

I also understand that my obligations under this Agreement will continue even if I am no longer employed at Creighton University.

Employee Name (Print First and Last Name)	Signature of Employee	Date

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PROCESS FOR COMPLETING W-4

Beginning February 1 new employees (faculty, staff, temp) and rehires will no longer complete a paper W-4 and submit to HR. Employees will now complete their W-4 tax withholding information within myHR.

Two days after the employee's hire date the employee will receive a notification from Rachel Simonds (hcps-.fa.sender@workflow.mail.us2.cloud.oracle.com). For new hires the subject line will read '**Action Required: Task Federal and State Tax Withholdings Allocated for 'Employee Name,' 'Number' Was assigned to you**.' For rehires the subject line will read '**Action Required: Review Tax Withholding Allocated for 'Employee Name,' 'Number' Was assigned to you**.'

Managers should alert their employees regarding the pending notification. Also, please direct the employee to access myHR to complete the task. A user guide on how to complete the W4 task in myHR will be available on the myHR Training page.

Note: the updated onboarding process does not apply to student employees.

If you have any questions, please contact Human Resources at HumanResources@creighton.edu or 402-280-2709.

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.