

**UNIVERSITY OF NORTH ALABAMA  
DEPARTMENT OF SOCIAL WORK  
STUDENT BACKGROUND DISCLOSURE FORM**

The coursework in the BSW program requires numerous service earning experiences including field instruction. Many of the agencies that accept students for such activities conduct background clearances to ensure that students do not have a history of any activities that would exclude them from working with the clients of the agency. This is certainly true of prospective employers as well. In addition, social work licensing boards conduct similar background checks. To assist you and the social work faculty in recognizing potential challenges for you as a social work student and as a practicing professional, we ask that you complete the questions below.

Please answer each of the following questions by putting a check  in the appropriate box. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers MUST be explained in detail in a separate SIGNED statement. The statement should include all relevant details including dates and locations. Failure to disclose any of the requested information may result in termination from the BSW program.

<p>1. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? <input type="checkbox"/>YES      <input type="checkbox"/>NO</p>
<p>2. Have you ever been pardoned from a felony (or criminal) conviction? <input type="checkbox"/>YES      <input type="checkbox"/>NO</p>
<p>3. Have you ever had a record expunged from a felony (or criminal) conviction? <input type="checkbox"/>YES      <input type="checkbox"/>NO</p>
<p>4. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended? <input type="checkbox"/>YES*      <input type="checkbox"/>NO</p>
<p>5. Have you ever been court martialed or discharged other than honorably from the armed service? <input type="checkbox"/>YES*      <input type="checkbox"/>NO</p>
<p>6. Have you ever been investigated for, charged with, or convicted (including a nolo contendere plea or guilty plea) of child/adult/domestic abuse, neglect, or exploitation whether or not sentence was imposed, suspended, or your record was expunged? <input type="checkbox"/>YES*      <input type="checkbox"/>NO</p>
<p>7. Have you ever received social services from an agency/clinic/hospital that will present a conflict of interest? (other than a general medical hospital) <input type="checkbox"/>YES      <input type="checkbox"/>NO</p>

**\*(If yes is marked on any question see back of form.)**

I do solemnly swear or affirm that I understand the instructions and terms as set forth in this form, that I have personally completed this form, and that the information given in this application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student's Signature

*This document is part of the matriculation application packet and will be kept on file in your student folder in the Department of Social Work Office. It will only be seen by Social Work faculty and staff.*

UNIVERSITY OF NORTH ALABAMA  
DEPARTMENT OF SOCIAL WORK  
**STUDENT BACKGROUND DISCLOSURE FORM**

All "Yes" answers MUST be explained in detail in a SIGNED statement. The statement should include all relevant details including dates and locations. Failure to disclose any of the requested information may result in termination from the BSW program.

**Please identify the number of the question(s) you are responding to:**

Question Number: \_\_\_\_\_

Date(s): (mm/dd/yyyy) \_\_\_\_\_

Location: \_\_\_\_\_

Brief details (charges): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_

**Please identify the number of the question(s) you are responding to:**

Question Number: \_\_\_\_\_

Date(s): (mm/dd/yyyy) \_\_\_\_\_

Location: \_\_\_\_\_

Brief details (charges): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_

I do solemnly swear or affirm that I understand the instructions and terms as set forth in this form, that I have personally completed this form, and that the information given in this application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student's Signature

*This document is part of the matriculation application packet and will be kept on file in your student folder in the Department of Social Work Office. It will only be seen by Social Work faculty and staff.*