

University of Nebraska Department of Athletics
 Privately Owned Sports Camps or Clinics
 Criminal History Disclosure Form

FORM B3

Name: _____

Position Title: _____ Camp/Clinic: _____

The criminal history background check is thorough and exhaustive. Applicants for Sports Camp/Clinic employment must disclose if they have been convicted of or pled guilty to (a) a felony, or (b) a misdemeanor, or (c) an infraction, or (d) if they are subject to a court order restraining them from contacting another person. Charges such as "no proof of financial liability," "improper registration," and "disturbing the peace" should be included. The date of conviction/order, and jurisdiction where the conviction/order occurred must be disclosed. A conviction record is not an automatic denial of employment. If you answer "no" to any of the questions, enter "NA" in the text boxes.

1. Have you ever been convicted or pled guilty to a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: Date(s), Country, County, State offense occurred in, and violation(s).		
2. Have you ever been convicted or pled guilty to a misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: Date(s), Country, County, State offense occurred in, and violation(s).		
3. Have you ever been convicted or pled guilty to an infraction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: Date(s), Country, County, State offense occurred in, and violation(s).		
4. Are you subject to a court order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: Date(s), Country, County, State offense occurred in, and violation(s).		

SIGNATURE AUTHORIZATION AND INFORMATION CERTIFICATION: The above information is given voluntarily. I understand that omission, deception, or falsification of information is grounds for the rescinding of any camp/clinic employment offer.

If you are under the age of 18 years, a parent or guardian will need to provide the signature.

Signature _____ Date _____

Print/Type Name _____

**Please return the completed form via fax to (402) 472-3969, email to jfarrell@huskers.com or mail to the Nebraska Athletics Business Office, One Memorial Stadium, Lincoln, NE 68588-0122.