This Checklist must be used when conducting an Individualized Assessment.  It identifies the actions and considerations required for the assessment.

An individual assessment includes but is not limited to the following:

 ACTIONS

1. Notify the individual that his/her past criminal history may adversely affect his/her initial or continued employment
2. Provide the individual an opportunity to give any additional information regarding his/her criminal history
3. Provide the results of the assessment to the appropriate concurrence official
4. Forward the signed Check List and Concurrence Official Certification for Conducting an Individual Assessment to Human Resources

CONSIDERATIONS

1. Nature and gravity of each offense
2. Number of offenses
3. Age at the time of conviction, or release from prison
4. Length of time that has passed since offense, conduct, or completion of sentence
5. Employment history to include:
	1. Evidence that the individual performed the same type of work, post-conviction, with the same or a different employer, with no known incidents of criminal conduct
	2. Length and consistency of employment history before and after the offense or conduct
6. Rehabilitation efforts such as education or training
7. Employment or character references
8. Any other information regarding fitness for the particular position

**CERTIFICATION**

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| * I,
 |  | certify that an Individual Assessment was conducted for |
|  Print Name of the University Official that conducted the Individual Assessment |  |
|  | in compliance with the UPPS 04.04.17 and that the  |
| Print First Name, Last Name of Person Submitted for Individual Assessment |  |
| Individual Assessment included the actions and considerations provisioned in this checklist. |

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| [ ]  Employment Recommended | [ ]  Employment Not Recommended |

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| --- | --- | --- |
|  |  |  |
| Signature of the University Official that conducted the Individual Assessment |  | Date |

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| --- | --- |
| [ ]  Recommendation approved by Department Head | [ ]  Recommendation not approved by Department Head |

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| Signature and Print Name of the Department Head |  | Date |

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| [ ]  Recommendation approved by AVP (if applicable) | [ ]  Recommendation not approved by AVP |

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| Signature and Print Name of the AVP |  | Date |

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| [ ]  Recommendation approved by Vice President | [ ]  Recommendation not approved by Vice President |

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| Signature and Print Name of the Vice President |  | Date |