



SANFORD SCHOOL OF MEDICINE

The University of South Dakota

**I understand that any false statements or deliberate omissions on this document or any other document I file with SSOM may be grounds for disqualification from admission or, if discovered after I have been admitted could result in discipline up to and including my termination of enrollment.**

**Applicant** Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Position or program applied for** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Date of Birth** (for ID purposes only) \_\_\_\_\_

**Present Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Driver's License #** (only if job posting listed driving as requirement) \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for which the criminal record has been expunged or sealed by the court. For purposes of the following questions, a "conviction" means guilty verdict, guilty plea or Nolo Contendere ("No Contest") plea.*

**Have you ever been convicted of a felony? No** \_\_\_\_\_ **Yes** \_\_\_\_\_

**If yes, please give details including date, state/county court in which conviction was entered, type of felony, etc.**

**Have you ever been convicted of a misdemeanor? No** \_\_\_\_\_ **Yes** \_\_\_\_\_

**If yes, please give details including date, state/county court in which conviction was entered, type of felony, etc.**

**[ ] I have read the Background Investigation Consent and Release form and understand my rights.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**