UCI Office of Academic Personnel

Sexual Misconduct, Harassment, and Discrimination Declaration

APPLICANT NAME (Last, First, Middle):	JOB NUMBER:
DEPARTMENT:	JOB TITLE:

Applicants for the University of California, Irvine (the University) are required to furnish information regarding sexual misconduct, harassment, and discrimination for use in determining their qualifications.

1. Are you the subject of any substantiated findings of sexual misconduct,[1] harassment, or discrimination in any current or past employment?

   University policies addressing sexual misconduct, harassment, and discrimination include, but are not limited to, the University of California Sexual Violence and Sexual Harassment Policy, the University of California Faculty Code of Conduct, and the University of California Discrimination, Harassment, and Affirmative Action in the Workplace Policy.

   ☐ Yes

   ☐ No

2. Are you currently being investigated for sexual misconduct, harassment, or discrimination at any current or past employer?

   ☐ Yes

   ☐ No

3. Have you left a position during an investigation into a violation of any sexual misconduct, harassment, or discrimination policy at any current or past employers?

   ☐ Yes

   ☐ No

If you responded "yes" to any of the questions 1-3 above, please explain the circumstances of the finding(s) and/or investigation(s). You may use additional paper as needed.

[1] Sexual misconduct includes sexual assault, domestic violence, dating violence, stalking, and sexual harassment. In addition, the UC Faculty Code of Conduct prohibits entering into a romantic or sexual relationship with any student for whom a faculty member has, or should reasonably expect to have in the future, academic responsibility (instructional, evaluative, or supervisory). The UC Faculty Code of Conduct also prohibits exercising academic responsibility (instructional, evaluative, or supervisory) for any student with whom a faculty member has a romantic or sexual relationship. The UC Faculty Code of Conduct outlines in further detail the types of conduct unacceptable of its faculty and other academic appointees.

UCI Office of Academic Personnel

Certification and Authorization to Release Information Regarding Sexual Misconduct, Harassment, and Discrimination

APPLICANT NAME (Last, First, Middle):	JOB NUMBER:
DEPARTMENT:	JOB TITLE:

I hereby certify that the information above is true, complete, and accurate.

I authorize the release of information (described herein) requested by the University concerning any misconduct related to teaching, research and service (and clinical care if applicable). I understand the University will not request information authorized by this release unless I am a finalist who is being proposed for an academic appointment.

If I have been found to have violated my current or previous institution's policies governing faculty conduct, including policies prohibiting sexual harassment, sexual assault, and/or other forms of harassment or discrimination, this signed form allows my current or prior institution(s) to share that information.

The University considers sexual misconduct and other forms of harassment or discrimination with students or trainees to be related to teaching; with staff or colleagues to be related to service; and (if applicable) with patients to be related to clinical care. This authorization includes release of information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. Should an institution provide information on a finding of misconduct, I will be informed and allowed to provide information in response.

I hereby release, discharge, and exonerate the University, its agents and representatives, and any person furnishing information to the University from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records, and other information. This release shall be binding on my legal representatives and successors.

This authorization is valid for 365 days from the date of signature. A photocopy of this release is to be considered as valid as an original.

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APPLICANT SIGNATURE

_____

DATE