

# Background Check Request

## Confidential

**Section 1: Completed by AD — Type or print clearly**

<p><b>1. All items are required:</b> AD name; QE name; street address; city, state, ZIP code</p> <p>Kathryn Siebert Our House 2727 SE Alder Street Portland, OR 97214</p>	<p><b>2. AD phone:</b> (503)234-0175</p> <p><b>3. SI start date:</b> _____  <input type="checkbox"/> New hire/rehire    <input type="checkbox"/> Change in position  Or recheck due to:    <input type="checkbox"/> Program rules    <input type="checkbox"/> Other: _____</p> <p>In this position, SI is:  <input type="checkbox"/> Paid directly or indirectly with public funds  <input checked="" type="checkbox"/> Not paid/reimbursed or only privately paid</p>								
<p><b>5. Contact with:</b>    <input type="checkbox"/> Children    <input checked="" type="checkbox"/> Adults    <input checked="" type="checkbox"/> Seniors</p>	<p><b>4. SI job title:</b> <u>Volunteer</u></p> <p>Description of duties:</p>  <p>Worksite and address:</p>								
<p><b>6. Do the duties include driving?</b>    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>									
<p><b>7. DHS/OHA program area: (Check all that apply.)</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Developmental disability</td> <td><input type="checkbox"/> Senior AAA</td> </tr> <tr> <td><input type="checkbox"/> Child Welfare</td> <td><input type="checkbox"/> Senior branches</td> </tr> <tr> <td><input type="checkbox"/> Mental health</td> <td><input checked="" type="checkbox"/> Senior facilities</td> </tr> <tr> <td><input type="checkbox"/> Lifespan respite</td> <td><input type="checkbox"/> Vocational rehabilitation</td> </tr> </table>	<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Senior AAA	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Senior branches	<input type="checkbox"/> Mental health	<input checked="" type="checkbox"/> Senior facilities	<input type="checkbox"/> Lifespan respite	<input type="checkbox"/> Vocational rehabilitation	
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**Section 2: Preliminary review — Completed by AD/CP**

8. Name of subject individual: (last, first, middle)	DOB: (mm/dd/yy)	Social Security or INS number: (voluntary)
9. Type of ID(s) checked: (driver's license, passport, etc.)	<b>QE staff signature:</b>	Date:
<p><b>10. Fingerprints required?</b>  <input type="checkbox"/> No    <input type="checkbox"/> Yes    If yes, check all reasons that apply and mail (do not FAX) this form with the fingerprints.  <input type="checkbox"/> Residency    <input type="checkbox"/> Identity    <input type="checkbox"/> Out-of-state driver's license    <input type="checkbox"/> Out-of-state history    <input type="checkbox"/> Adam Walsh</p>		
<b>Complete 11 or 12</b>	<p><b>11.</b> <input type="checkbox"/> No potentially disqualifying history disclosed.    Hired on a preliminary basis:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
	<p><b>AD/CP signature:</b> _____ <b>Date:</b> _____</p>	
	<p><b>12.</b> <input type="checkbox"/> Potentially disqualifying history disclosed.    Hired on a preliminary basis (by AD only):    <input type="checkbox"/> Yes    <input type="checkbox"/> No  If so, attach position description.</p>	
<p><b>AD signature:</b> _____ <b>Date:</b> _____</p>		

**Section 3: Background check information — For BCU use only**

<p><b>13.</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Potentially disqualifying convictions or conditions.  <input type="checkbox"/> Disposition unknown. Consult SI about arrests/charges.</p>	LEDS/abuse:	Reviewer:
DL: _____    AKAs: _____	Date:	Date:

**Section 4: Final fitness determination — ORS 181.537; OAR 407-007-0200 to 407-007-0370.**

NOTE: FOR APPROVALS ONLY, provide the SI a copy of this page as the formal and final notice for the position and worksite listed in box 4. IN ALL OTHER CASES, if BCU completes this section, BCU will issue the final notice to the SI. Otherwise, you must complete this section and issue either a Notice of Final Fitness Determination (300) or a Notice of Closed Case (302).

**14.**     Approved     Approved with restrictions: \_\_\_\_\_  
 Denied     Case closed: \_\_\_\_\_

**AD or BCU Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 5: Completed by subject individual**

<b>15. Name:</b> (last, first, middle)		<b>16. Date of birth:</b>	<b>17. Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>18. Social Security or INS number:</b> (voluntary)	
<b>19. All other names used:</b> (Include maiden name.)			<b>20. Driver's license or ID card:</b> Number: _____ State: _____		
<b>21. Mailing address:</b>		<b>22. Home or message phone:</b>			
Street: _____ Apt: _____		<b>23. During the past 5 years, have you been outside Oregon 60 days or more in a row?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list where:			
City: _____					
State: _____ ZIP: _____		<b>City/state/country:</b>	<b>From:</b> (month/year)	<b>Until:</b> (month/year)	
<b>24. Street address:</b> (if different than mailing address)					
Street: _____ Apt: _____					
City: _____					
State: _____ ZIP: _____					
<b>25. Have you ever been charged, arrested and/or convicted of a crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If you answered yes, list all charges, arrests and/or convictions (adult and juvenile) and the outcome regardless of how long ago.</b> Attach additional pages if needed.					
<b>Date:</b> (or estimate)	<b>List each charge, arrest or conviction:</b>	<b>County:</b>	<b>State:</b>	<b>Outcome:</b>	
1.					
2.					
3.					
4.					
5.					
<b>26. Provide a detailed explanation of all charges, arrests and convictions.</b> (See "Questions to answer" in instructions.) This information may directly affect the outcome of this background check. Add additional pages if needed.					
<p>I have read and understand the instructions for completing this form. I understand that a criminal records and abuse check will be completed on me and that the information may be shared with the person listed in section 1, box 1. My signature authorizes the Background Check Unit to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event potentially disqualifying abuse is discovered, I will be notified at the address listed above and asked to provide additional information. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the check may be repeated during the time I hold this position.</p>					
<b>27. Signature:</b>				<b>28. Date:</b>	

# Background Check Request Instructions for Subject Individual

**301 AD**

*Read all the instructions before completing the form.*

As the subject of this background check, you are referred to in these instructions as the subject individual (SI). The qualified entity (QE) listed in box 1 may be your employer or local branch. The authorized designee (AD) or contact person (CP) has received training from the Department of Human Services Background Check Unit (BCU) for background checks.

**Section 1 through section 4:** These sections will be completed by the QE or BCU.

**Section 5: You, the subject individual, must complete section 5.** Provide all requested information.

Listing your social security number (SSN) is optional. If you do not provide your SSN, fingerprints may be required. If you do not have an SSN but do have an INS number, write in your INS number. BCU requests the SSN or INS number solely for the purpose of positively identifying you during the background check process.

**Disclose all criminal history:** You must accurately and completely disclose **all** history (*adult and juvenile*) regardless of how long ago it happened. This includes **all** felonies, misdemeanors, probation violations and failures to appear. If you fail to list any part of your history, your application may be closed. Serious traffic offenses such as reckless driving, driving under the influence of intoxicants (DUI) and driving while suspended (DWS) **must** be listed. Failure to appear, even for a minor traffic violation **must** be listed. If you are not sure if something should be listed, you should list it. For each charge, arrest or conviction, include the date, location and the outcome.

If you have proof that an expunction judgment or set aside order has been issued by a judge regarding any charge, arrest, conviction, or adjudication, then you do not have to list it or you may attach copies of the judgment or order. If you do not have proof the charge, arrest, conviction or adjudication has been expunged or set aside, list it.

**Violations.** Minor moving and non-moving traffic violations are **not** required to be listed.

**Questions to answer: If you have criminal history, BCU will weigh several factors to decide if you are fit for the position for which you are applying. Respond to the following questions. Attach documentation to support your responses.**

- What happened leading up to the charge, arrest, conviction or other history?
- List any requirements resulting from each charge, arrest or conviction.
- Describe any treatment, education and training **specifically related to your history.**
- How is your history relevant to your position?
- Explain how you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people.
- How has your life changed since your history?
- List other information you believe would be helpful in making a decision in this case.

**After completing Section 5, return the form to the person listed in section 1, box 1.**

<b>Possible outcomes</b>	<p><b>Approved:</b> Based on the background check, you are approved for the position listed on this form. An approval does not guarantee employment or placement.</p> <p><b>Approved with restrictions:</b> Based on the background check, you are approved to work restricted to a specific client, specific work site or set of duties. This decision may be appealed.</p> <p><b>Denial:</b> Based on the background check, you are denied. You may not hold the position listed on this form and you must be terminated immediately. This decision may be appealed, but you may not hold the position during the appeal.</p> <p><b>Case closed:</b> If you do not provide a complete and accurate disclosure of your criminal history or you do not cooperate with this background check process, your application may be closed without a fitness determination. There are <b>no</b> appeal rights, but you may be able to reapply immediately. If closed, the department will provide you further information.</p>
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**Abuse checks:** BCU will also conduct an abuse check on you. Potentially disqualifying abuse includes the following:

- **For ALL subject individuals:** Adult protective services history of physical or sexual abuse or financial exploitation assessed on or after January 1, 2010 for which you were found to be responsible. Abuse information is provided to BCU by the Office of Investigation and Training and the Seniors and People with Disabilities Division based on severity.
- **In addition, for subject individuals associated with private licensed child caring agencies, child foster homes, or child adoptive homes:** Child protective services history held by the department, regardless of the date of assessment or outcome, for which you were found to be responsible; and founded or substantiated child protective services reports from states where you lived in the past 5 years.

If potentially disqualifying abuse is found, you will be contacted and asked to provide additional information. Due to its sensitive nature, the information you provide will not be disclosed to your potential employer or local authorized designee or contact person.

**Authority:** BCU is authorized by state law, to complete background checks on SIs who work, volunteer or live with individuals who are vulnerable to abuse or mistreatment (ORS 181.534, 181.537 and 409.027; OAR 407-007-0200 to 407-007-0370). Vulnerable individuals include children, senior citizens and individuals with physical disabilities, developmental disabilities or mental illness. A check may be required even if you, the subject individual, do not have direct contact with vulnerable individuals.

**Sources checked:** BCU may check information from the Driver and Motor Vehicle Services Division; Department of Corrections; Oregon State Police; Federal Bureau of Investigation and local, state and federal courts. BCU may use information from other criminal justice, corrections and law-enforcement agencies and other state and local government agencies. You may be requested to provide fingerprints for a national criminal records check.

**Challenging criminal information:** If you want to obtain a copy of your record or challenge information in the record, you must contact the Oregon State Police, 503-378-3070, extension 330 (*for Oregon criminal records*) or the Federal Bureau of Investigation, 304-625-3878 (*for national criminal records*). You may request a copy of the national FBI report from BCU. Depending on your previous contacts with law enforcement and courts, you may need to contact several sources to find all of your complete criminal records.

**Rechecks:** This background check process may be repeated at any time while you work, reside or otherwise continue in this position.

If you have questions or need this form in large print or in a different format, contact the qualified entity listed in section 1, box 1.

Keep these instructions for your records.