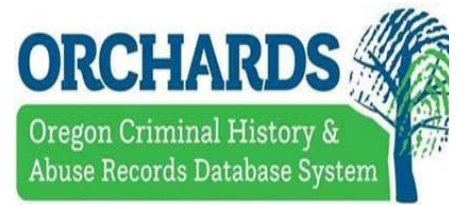


# Background Check Request



This form is to be used to assist in gathering information to be entered into the Oregon Criminal History & Abuse Records Database System (ORCHARDS).

Your background check will be processed by the Department of Human Services Background Check Unit. You will need an email address in order to complete your background check. You can complete your authorization and any disclosures for the background check on a computer or other devices (tablet or smart phone). If you need assistance to set up an email account, please contact your entity.

### Required Fields Marked with Asterisk (\*)

Social Security # (Note: This is voluntary): \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
(DD/MM/YYYY)

\*Complete Name: \_\_\_\_\_  
Last Name First Name Middle Name

\*Gender: Male  Female  Unknown/Not Specified  Other  Both

\*Residential Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Mailing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

Note: An email is required for processing. Please let your entity know if you do not have an email. They will give you options.

\*Aliases/other names used: \_\_\_\_\_

\*During the past five (5) years, have you been outside Oregon for 60 or more days in a row? No  Yes

Date (MM/YY/DDDD)		City	State	Country	Name used at this residence?
Start	End				

**Pre-Employment Information -- Required Fields Marked with Asterisk (\*)**

Where are you applying to work? \_\_\_\_\_

\*Position Type: Permanent/ Paid  Part-time/Paid  Non-Paid/Volunteer

\*Position Title: \_\_\_\_\_

\*Position Description:  
(Be Specific)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Position Requires Direct Contact with: Adults  Children  Confidential Information   
Finances/Records  Info. Technology Systems  Secure Facilities  Seniors

\*Position Requires Driving: Yes

**Applicant Identity Verification -- Required Fields Marked with Asterisk (\*)**

\*Type of ID submitted: \_\_\_\_\_ \*Number: \_\_\_\_\_ \*Exp. Date: \_\_\_\_\_

\*Issuing State/Authority: \_\_\_\_\_ \*Copy Submitted with Application: Yes

Request Preliminary Hire of Applicant: Yes  No

**Note: An individual may not start working until the background check process has been verified by Orchards. Individuals will be notified once approved for preliminary hire.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The background check will begin AS SOON AS the subject individual enters and completes the Authorization and Disclosure portion for the background check. If not completed in a timely manner (current set for 21 days), the background check will close and will need to be started again.**