

Section 1 — To be completed by a QED (continued)

8. Type(s) of documents checked to verify identity (*check all that apply*):

Driver's license or state ID Social Security card Passport

Other: _____

Initials of person checking ID: _____

9: Worksite locations/address for this position (*enter all if multiple*):

Section 2 — To be completed by the SI

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|---|------|---------|--|--|---------------------------------|
| 10. Individual name: (Last/First/Middle) | | | | | |
| 11. Social Security number (optional): | | | 12. Date of birth (mm/dd/yyyy): | | |
| 13. Email address: | | | 14. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| 15. Driver's license ID: State: | | Number: | | | |
| 16. Aliases/other names used: | | | | | |
| 17. <input type="checkbox"/> Check only if you prefer correspondence be sent to your residential or mailing address (rather than an email address). | | | | | |
| 18. Residence street address: | | | | | |
| City: | | State | | ZIP code: | |
| Mailing address: | | | | <input type="checkbox"/> Same as residence | |
| City: | | State | | ZIP code: | |
| 19. Home phone: | | | Mobile phone: | | |
| 20. During the last five (5) years, have you been outside of Oregon for 60 days in a row or more? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following for each residence in the past 5 years: | | | | | |
| Date (mm/dd/yy) | | City: | State: | Country: | Name(s) used at this residence: |
| Start: | End: | | | | |
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Section 2 — To be completed by the SI (continued)

21. Have you ever been charged, arrested and/or convicted of a crime?

Yes No

If you answered yes, list all charges, arrests and/or convictions (*adult and juvenile*) and the outcome, regardless of how long ago. Attach additional pages as needed.

| Date (mm/dd/yyyy): | Charge, arrest or conviction: | Outcome (e.g., conviction dismissal): | City: | County: | State: |
|-----------------------|----------------------------------|---|-------|---------|--------|
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For each arrest, charge or conviction you list, attach extra pages and provide as much information as possible regarding the incident.

If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your criminal history, yourself, your training, education, work history, treatment and circumstances since your criminal history that you want the BCU to weigh. Add additional pages as needed.

I understand that a criminal records check, which may include a national criminal records check requiring fingerprints, will be completed on me. I understand that an abuse check will be completed on me. The BCU may share information with a designee at the facility associated with this request. My submission of this electronic signature authorizes the BCU 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 or email I have given and asked to provide additional information.

I authorize, the BCU to process, this background check request. I understand the background check may be repeated during the time I hold this position.

22. SI signature: _____ Date: _____