Sec	tion 1	<u>— 10 be</u>	complet	ed by a QED	(cont	inuea)		в.
8.	Type(s)	of documen	its checked	d to verify identi	ty (chec	ck all that a	apply):	
[Drive	er's license o	or state ID	Soc	cial Sec	urity card		☐ Passport
[Othe	r:						
l	nitials o	f person ch	ecking ID:					
9: \	Norksite	e locations/a	address for	this position (e	nter all	if multiple)		
_								
Sec	tion 2	— To be	complet	ed by the SI				
10.		dual name:		First/Middle)				
11.	Socia	l Security nu	imher (on	tional):	12 Ds	ate of birth	(mm/do	//////
	00014	r occurry m	umber (opi	nonaiy.	12. 00	ate of birth	(11111111111111111111111111111111111111	/уууу).
13.	Email	address:			14. Ge			
4.5	Daires	de lieenee (F	<u> </u>			Female		//ale
15.	State:	r's license II	J:		Numb	or:		
16.		es/other nan	nes used:		INUITID	<u>CI.</u>		MILM STORY OF THE
	7							
17.	Ch	eck only if	you prefer	correspondence	e be se	nt to your r	esidenti	al or mailing address
		ther than ar		dress).				n T
18.	Resid	ence street	address:					
	City:				State		ZIP cod	Α.
	Oity.				Otato		211 000	
	Mailin	g address:					Sam	ne as residence
	City:				State		ZIP cod	e:
19.	Home	phone:		Mobile phone:				
10.	1101110	prioric.		woone priorie.				
20.	During	g the last fiv	e (5) years	s, have you bee	n outsid	de of Orego	on for 60	days in a row or more?
	Ye	s	No If yes	s, complete the	followin	g for each	residen	ce in the past 5 years:
		m/dd/yy)	City:		State:	Country:		(s) used at
5	Start:	End:	Oity.		Otato.	Country.	this re	sidence:
				PR # 0 (1444)			8	

21. Hav		1 1 1	the SI (continuted			
		ever been charged, arro	ested and/or convicted	of a crime?		
		vered yes, list all charge	es, arrests and/or conv	ictions (adult and	d iuvenile) a	nd the
out	come, r	egardless of how long	ago. Attach additional r	pages as needed		ind the
			Outcome			T
Date (mm/dd/	40004	Charge, arrest	(e.g., conviction	City:	County:	State:
(mm/dd/	уууу):	or conviction:	dismissal):			
	1	-				L
		charge or conviction yo	u list, attach extra pag	es and provide a	s much info	rmation
as possib	le rega	rding the incident.				
If you hav	e potei	ntially disqualifying con	victions or conditions, t	he BCU must co	nsider seve	ral
factors to	determ	ine the risk of vulnerab	le individuals and your	fitness to hold th	e position.	Please
provide a	ny infor	mation about the detail	s of your criminal histo	ry, yourself, your	training, ed	ducation,
work histo	ory, trea	atment and circumstand	ces since your criminal	history that you	want the BC	CU to
weigh. Ac	dd addit	ional pages as needed				
	to the state of th					
l understa	and that	t a criminal records che	ck which may include	a national crimin	al records o	check
I understa	and that	t a criminal records che	ck, which may include	a national crimin	al records o	check
requiring	fingerp	rints, will be completed	on me. I understand th	at an abuse che	ck will be	
requiring completed	fingerp	rints, will be completed e. The BCU may share	on me. I understand th information with a desi	at an abuse che gnee at the facili	ck will be ty associate	ed with
requiring completed this reque	fingerp d on me est. My	rints, will be completed e. The BCU may share submission of this elect	on me. I understand th information with a desi tronic signature authori	at an abuse che gnee at the facili zes the BCU to r	ck will be ty associate equest and	ed with
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