

Criminal History Cover Sheet Form

<p>Submit To: Marion County 2421 Lancaster Drive NE Salem, OR 97305</p> <p>ATT: Kathleen Hartzell</p>	<p>3. SI <u>Original</u> Start Date:</p>
<p>5. Contact with: <input type="checkbox"/>Children <input type="checkbox"/>Adults <input type="checkbox"/>Seniors</p>	<p>4. SI job title: (Provider, Co-Provider, Resident Manager or Caregiver. May also be family member or tenant living in DD AFH:</p>
<p>6. Do the duties include driving? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Description of Duties:</p>
<p>7. DHS Program Area <input type="checkbox"/>Volunteer</p> <p><input type="checkbox"/> Child Welfare <input type="checkbox"/>Developmental Disability</p> <p><input type="checkbox"/> Mental Health <input type="checkbox"/>Senior Branches</p> <p><input type="checkbox"/> Senior Facilities <input type="checkbox"/>Vocational Rehabilitation</p>	<p>Licensed <u>Provider Name</u> (Print)</p>
	<p>Worksite Address:</p>
	<p>Provider Email Address:</p>

Step 1. Licensed provider or resident manager completes the cover sheet.

Step 2. Applicant completes Subject Individual portion of the DHS 301qed.

Step 3. The provider should send the completed background request (DHS 301) with photo ID attached to the CDDP Att: Kathleen Hartzell.

My signature below signifies that I have viewed and verified this applicant's photo ID and give authorization to the Marion County QED to complete the background check.

Licensed Provider/Resident Manager signature

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

Section 2 — To be completed by the SI. READ INSTRUCTIONS CAREFULLY.					
11. Individual name (<i>last/first/middle</i>):					
12. Social Security number (<i>optional</i>):			13. Date of birth (<i>mm/dd/yyyy</i>):		
14. Email address:			15. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
16. Driver license ID: State: _____ Number: _____					
17. Aliases/other names used:					
18. <input type="checkbox"/> Check only if you prefer correspondence be sent to your residential or mailing address (<i>rather than an email address</i>).					
19. Residence street address:					
City:		State:		ZIP code:	
Mailing address: <input type="checkbox"/> Same as residence					
City:		State:		ZIP code:	
20. Home phone:			Mobile phone:		
21. 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 five (5) years:					
Date (<i>mm/dd/yy</i>)		City:		Name(s) used at this residence:	
Start:	End:	State:		Country:	
22. Have you ever been charged, arrested, adjudicated and/or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , list all charges, arrests, adjudications and/or convictions (<i>adult and juvenile</i>) and the outcome, regardless of how long ago. Attach additional pages as needed.					
Date (<i>mm/dd/yyyy</i>):	Charge, arrest or conviction (<i>list actual crime, like Theft II</i>):	Outcome (<i>e.g., conviction, dismissal</i>):	City:	County:	State:
For each arrest, charge, adjudication or conviction you list, attach extra pages and provide as much information as possible regarding the incident and outcome.					

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Section 2 — To be completed by the SI (continued)

23. 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 potentially disqualifying history, yourself, your training, education, work history, treatment and circumstances since your potentially disqualifying history that you want the BCU to weigh. Add additional pages as needed.

24. Signature of SI Authorizing Background Check Process and Release of Information

I have been provided pages 5-8 of this background check request form and have read and understand the instructions given there.

My submission of this form with my signature authorizes the Background Check Unit (BCU) to initiate a criminal records check, which may include a national criminal records check requiring fingerprints, and to receive the results from Oregon State Police and the FBI. I understand that BCU will complete an abuse check on me. Any information from these checks may be shared with a qualified entity designee at the facility or licensing authority associated with this application.

My submission of this form with my signature authorizes BCU to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event BCU discovers potentially disqualifying convictions or conditions, including abuse, BCU may notify me at the address or email I have given to request additional information.

My submission of this form with my signature authorizes BCU to release information given in this background check request or position information to any criminal justice agency or investigative body as needed for investigation, outstanding warrants or supervision requirements.

I authorize BCU to process this background check request. I certify that all statements I have made are currently accurate. I understand that I need to disclose any new information that occurs after I submit this form while the background check is still pending. 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 background check may be repeated any time while I hold the position for which this check is being done.

SI signature: _____ Date: _____

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