

Section 5: Completed by Subject Individual

15 Name of Subject Individual: (Last, First, Middle)	16 Date of Birth / /	17 Sex: <input type="checkbox"/> M <input type="checkbox"/> F	18 Social Security or INS Number (Voluntary):
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19 Maiden Name, Other Names Used:	20 Driver's License or ID Card: Number: _____ State: _____
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21 Mailing Address: Street: _____ Apt: _____ City: _____ State: _____ Zip: _____	22 Home or Message Phone: _____ 23 During the past 3 years, have you been outside Oregon 60 or more days in a row? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list where and when in the space below. City / State / Country From (Month/Yr) Until (Month/Yr)
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24 Street Address: (If different than mailing address) Street: _____ Apt: _____ City: _____ State: _____ Zip: _____	<table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>												

25 Have you ever been arrested, charged or convicted of a crime? No Yes

If you answered yes, list **all arrests, charges and convictions** and the outcome regardless of how long ago. Please attach additional pages if needed.

Date <i>Estimate if not known</i>	Charge or arrest	County	State	Outcome
1 / /				
2 / /				
3 / /				
4 / /				
5 / /				

26 Provide additional information surrounding the arrests and/or convictions. (See instructions)

I have read and understand the instructions for completing this form. I understand that a criminal history and background check will be completed on me and the information may be shared with the person listed in Box 1. I certify this information is correct and complete. I understand that if I provide false or incomplete information, I may be denied the position. I understand the check may be repeated during the time I hold this position.

27 Signature: _____ **28 Date:** _____