

Section 2: To be completed by the subject individual. Please read instructions first.

Name: _____ Date of birth: _____
 (Last) (First) (Middle) (Month/Day/Year)

All other names used: _____ SSN or INS number (voluntary): _____

Sex: Male Female Daytime or message phone: _____

Street address: _____ City: _____ State: _____ ZIP: _____

Driver's license ID number: _____ State: _____ :

If additional space is needed for any of the following questions, attach additional pages.
If you disclose criminal or abuse history, attach your responses to "Question to Answer." (see instructions)

During the last five years, have you been outside of Oregon for 60 days or more in a row? Yes No
 If yes, list the locations and dates.

City/state/country	From (month/year)	To (month/year)

Have you ever been involved with an abuse or protective services investigation as an accused person, reported perpetrator or alleged perpetrator, resulting in a founded or substantiated outcome? Yes No

If yes, complete information requested below and attach your responses to "Questions to Answer." (see instructions)

Date (or estimate)	Allegation	County	State

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

If yes, complete information requested below and attach your responses to "Questions to Answer." (see instructions)

Date (or estimate)	Charge, arrest or conviction	County	State	Outcome

I have read and understand the instructions for completing this form. I understand that an abuse check and a criminal records check will be completed on me and the information will be shared with the DHS Office of Human Resources, resulting in a fitness determination. My signature authorizes DHS to request and receive any police or investigation reports needed to complete this background check. I certify the information I have provided 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. If a new check is requested. I will be required to complete a new background check request form in order for the department to complete a fitness determination.

Signature of subject individual _____ Date _____