

## BACKGROUND CHECK REQUEST

This form is to be used to assist in gathering information to be entered into the ORCHARDS system.

### Section 1-Information needed by the QED to complete the "Create New" in ORCHARDS:

Washington County DD Program  
3700 SW Murray Blvd Suite 2100 (MS66E) Beaverton, OR 97005

Section 1: Completed by SI — Type or print clearly CM: \_\_\_\_\_

Client Receiving Services: \_\_\_\_\_

2.  New hire  Renewal

3.  PSW-Personal Support Worker  Independent Contractor  
(Provide direct Nursing Services)

Behavior Support Professional Consultant  
Provide care for DD clients (Write up plans for individuals)

4. **Position requires direct contact with (select all that apply):**

Children  Adults

5. **Do the duties require driving?**  Yes  No

6. **Worksite and Address:**

Various Locations (Working with more than one client)

Worksite Address: \_\_\_\_\_

### 7. COMPLETE BY WASHINGTON COUNTY EMPLOYEE USE ONLY

Type(s) of documents checked to verify identity.

Driver's license or state ID  Passport  Other: \_\_\_\_\_

QE staff initial: \_\_\_\_\_ Date \_\_\_\_\_

**Section 2 — To be completed by the SI. READ INSTRUCTIONS CAREFULLY.**

8. Individual name (last /first/ middle):

9. Social Security number (**Required**)

10. Date of birth (mm/dd/yyyy):

11. Email address:

12. Gender:  Female  Male

13. Driver license ID Number:

State:

Expires:

14. Aliases/other names used:

15. Residence street address:

City:

State:

ZIP code:

Mailing address:  Same as residence

City:

State:

ZIP code:

16. Home phone:

Mobile phone:

17. During the last five (5) years, have you been outside of Oregon for 60 days in a row or more?  
 Yes  No **If yes, complete the following for each residence in the past five (5) years:**

Date (mm/dd/yy)		City:	State :	Country:	Name(s) used at this residence:
Start:	End:				

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

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

**18. Signature of SI Authorizing Background Check Process and Release of Information**

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:** \_\_\_\_\_