DHS Oregon Department of Human Services

Print

Reset Form

Consent for Criminal Records Check
Licensed Private Agency

This request will not be processed unless all information is completed clearly. If applicable, two properly completed official fingerprint cards. (We will bill the Private Child Care Agency for any FBI costs incurred.)

Applicant Status:

- ☐ Director of a private agency
- ☑ Employee of a private agency
- ☐ Volunteer for a private agency
- ☐ Foster Parent for a private agency
- ☐ Adoption Applicant for a private agency
- ☐ SNAC Applicant

AGENCY

Agency Name	Program Name	Phone Number
Eastern Oregon Alcoholism Foundation		(541) 276-3518

Mailing Address	City	Zip Code
216 S.W. Hailey Ave.	Pendleton	97801

Director/Designee Name	Signature	Date
Sonja K. Hart		

APPLICANT

Name (Last, First, Middle)	Sex ☐ Male ☐ Female	Date of Birth

Home Address

City	State	Zip Code	Driver's License Number

PLEASE PRINT CLEARLY

Other Names Used (maiden name, previous married name(s), alias, legal name change, assumed names)

Warning: Falsely responding may result in termination of employment or denial of application.

1. Have you lived out of the state of Oregon in the last five years? ☐ Yes ☐ No
2. Have you ever been arrested or convicted of any crime? ☐ Yes ☐ No

If yes, on a separate sheet of paper describe the circumstances leading to the arrest/conviction and provide any information to help us understand why your arrest/conviction will **not** pose a risk to children.

OAR 413-120-0460 (5) authorizes DHS to request that you voluntarily provide your social security number to DHS for use as an identification number for criminal records checks. Failure to provide your social security number will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you provide your social security number and consent to its use, it will be used only for the purpose stated above and will not be given to the general public. By signing this consent to disclose your social security number, you authorize DHS to disclose your social security number to others if such disclosure is necessary for the purpose stated above.

Signature	Social Security Number	Date

APPLICANT

I give permission for DHS to search their records for reports of child abuse or neglect filed under my name and confirm if such a record was found.

I have reviewed and completed this form as applicable to me. I give permission for DHS to verify any or all information I have provided. By my signature, I swear or affirm that all the information provided on this form, and any attachments thereto is true and accurate.

Signature	Date

DHS USE

Applicant Record Check Status	IIS Check
☐ No Record ☐ LEDS ☐ FBI/OSP	☐ No Record Found
☐ Record Found ☐ False Information Given	☐ Record Found
Response prepared by: Date:	Response prepared by: Date:

Policy Ref.: II-G.1, II-E.1, II-E.2