



Criminal History Request

Confidential

301 AD

Section 1: Completed by AD	
1 Name of AD, qualified entity and mailing address: <i>Type or print clearly</i>	2 AD Phone:
	3 SI Start Date:
5 Contact with: <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Seniors	4 SI job title
	Description of duties:
6 Do the duties include driving? <input type="checkbox"/> Yes <input type="checkbox"/> No	Worksite & Address:
7 DHS Program Area: <input type="checkbox"/> Volunteer	
<input type="checkbox"/> Child Welfare <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Senior Branches <input type="checkbox"/> Senior Facilities <input type="checkbox"/> Vocational Rehabilitation	

Section 2: Completed by AD/CP Preliminary Review <i>Box 11 & 12 must be completed before submitting to CRU.</i>		
8 Name of Subject Individual: (Last, First, Middle)	DOB: / /	Social Security Number or INS Number: (Voluntary)
9 To be completed by qualified entity staff: <input type="checkbox"/> Photo ID checked <input type="checkbox"/> Photo ID not available		Initials:
10 Fingerprints required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remit:	
<input type="checkbox"/> Residency <input type="checkbox"/> Identity <input type="checkbox"/> Disclosed out-of-state driver's license <input type="checkbox"/> Disclosed out-of-state history		
11 <input type="checkbox"/> No potentially disqualifying history disclosed	Probationary status granted <input type="checkbox"/> Yes <input type="checkbox"/> No	
AD/CP Signature:	Date:	
12 <input type="checkbox"/> Potentially disqualifying history disclosed	Probationary status granted (by AD only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
AD Signature:	Date:	

Section 3: Criminal History Information		
13 <input type="checkbox"/> No potentially disqualifying history <input type="checkbox"/> No APS/CPS (CW Only)	LEDS:	Reviewer:
<input type="checkbox"/> Potentially disqualifying history <input type="checkbox"/> APS/CPS Exists (CW Only)	Date:	Date:
<input type="checkbox"/> Disposition (arrest outcome) unknown; consult SI		

Section 4: Final Fitness Determination	
14 <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Restrictions	_____
<input type="checkbox"/> Denied <input type="checkbox"/> Case Closed	_____
Signature: _____	Date: _____

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)	

24 Street Address: (If different than mailing address) Street: _____ Apt: _____ City: _____ State: _____ Zip: _____	
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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:** _____

[Link to Instructions](#)