LCDDS Criminal History Check Request - Lic/Cert.

Reason for Criminal History Check ☐ New Position ☐ Renewal

Name (as it appears on your ID)

First	Middle	Last

Social Security Number _____ - ____ - _____   **Date of Birth** _____ - ____ - _____

Gender ☐ Female ☐ Male ☐ Other ☐ Unknown/Not Specified

Cell Phone (_____) _____ - _____   **Home Phone** (_____) _____ - _____

Email _____

Permanent/ Physical Address

Address _____

City _____   Zip Code _____

☐ My mailing address is the same as my physical address

Mailing Address

Address _____

City _____   Zip Code _____

Prior Names   Please list any prior names including maiden names, married names, name changes, and any name that you have used or been known by. These are required for the background check to be complete and accurate.

[   ]

Prior Addresses   If you have lived out of state for more than 60 days in the past 5 years, please list the dates and city and states you have lived in.

From (Year)	_____	**State**	_____
To (Year)	_____	**City**	_____
From (Year)	_____	**State**	_____
To (Year)	_____	**City**	_____
From (Year)	_____	**State**	_____
To (Year)	_____	**City**	_____
From (Year)	_____	**State**	_____
To (Year)	_____	**City**	_____

Identification

- ☐ Oregon State Issued Driver's License
  - **Document ID #** _____
  - **Expiration Date** _____

- ☐ Oregon State Issued Identification Card
  - **Document ID #** _____
  - **Expiration Date** _____

- ☐ Non-Oregon State Issued Driver's License
  - State _____
  - **Document ID #** _____
  - **Expiration Date** _____

- ☐ Non Oregon State Issued Identification Card
  - State _____
  - **Document ID #** _____
  - **Expiration Date** _____

- ☐ Passport
  - **Document ID #** _____
  - **Expiration Date** _____

- ☐ Visa
  - **Document ID #** _____
  - **Expiration Date** _____

- ☐ United States Armed Forces ID
  - **Document ID #** _____
  - **Expiration Date** _____

- ☐ Other _____
  - **Document ID #** _____
  - **Expiration Date** _____

Position Information

- ☐ Behavior Consultant
- ☐ Behavior Professional
- ☐ Certified Nursing Aide
- ☐ DD Behavior Consultant
- ☐ Medication Aide/Technician
- ☐ Other _____

Background Check Appointments are required.

Click Here to Schedule online

Please bring all your documents already filled out and your government issued ID

IMPORTANT INFORMATION

After your criminal history check is submitted to the state, you will be receiving an email from the **Background Check Unit** to electronically authorize the running of the background check.

Your authorization must be completed within 21 days of recieveing the email from the Background Check Unit. If it is not completed within that timeframe your criminal history check will be closed and will need to be completed again.