



Background Check Form
Please type or print neatly. Thank you!

Full Legal Name: _____

Previous Names/Aliases: _____

Date of Birth: _____

Driver's License or State ID Number: _____

State that issued ID: _____

Social Security Number (Optional): _____

Gender:

- ☐ Male
☐ Female
☐ Non-Binary
☐ Prefer not to say

Race:

- ☐ American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- ☐ Black or African American - a person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- ☐ White - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Prefer not to say

Ethnicity:

- ☐ Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Not Hispanic or Latino
- ☐ Prefer not to say



Email Address: _____

(A valid email address is required to complete the background check, you will receive an email from OARCHARDS, if you do not have an email or are unwilling to complete the form digitally please contact the QED for a complete paper background check form)

Phone Number: _____

Role you plan to fill at the Holmes Park House:

- ☐ Resident Support Volunteer
- ☐ Chef and Kitchen Support
- ☐ Greeter and Activity Support
- ☐ Staff – Job Title: _____
- ☐ Other _____

Current Address: _____

Other Addresses in the last 5 years and approximate year(s) of residence:

If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your potentially disqualifying history, yourself, your training, education, work history, treatment and circumstances since your potentially disqualifying history that you want the BCU to weigh. Add additional pages as needed.



IN HOLMES PARK

I understand that Celia's House in Holmes Park is licensed as a Residential Care Facility by the Department of Human Services for Oregon, as such people who work or volunteer in the facility with our residents must complete a background check. By signing below you affirm the following statements to be true.

You have never been convicted of any form of abuse.

If you do any form of professional work in the facility you have all the appropriate licenses, certifications, and approvals to perform such tasks, or you will obtain all appropriate licenses, certifications, and approvals before performing such tasks. (ie. Food handlers licenses, professional nursing license)

You understand that the completion of this form will begin a background check process, failure to complete the background check process or pass the background check may limit your ability to work at the Celia's House in Holmes Park.

Signature: _____ Date: _____

Picture ID checked by: _____ Date: _____