

Information You Will Need to Submit a Background Check into ORCHARDS

This checklist to gather necessary information for BCU to submit a background

check request into ORCHARDS for your position. See page 2 for examples of types of identity documents



Subject individual (SI) Information Required Fields Marked with Asterisk (*)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Social Security # <i>(Note This is voluntary. The SI must approve):</i> |
| <input type="checkbox"/> | *Complete Name: |
| <input type="checkbox"/> | *Date of birth (mm/dd/yyyy): |
| <input type="checkbox"/> | *Residential address: |
| <input type="checkbox"/> | Mailing address (if different): |
| <input type="checkbox"/> | *Prior names and aliases: |
| <input type="checkbox"/> | *Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Not Specified <input type="checkbox"/> Other <input type="checkbox"/> Both |
| <input type="checkbox"/> | *Phone: *Type of Phone (home, mobile, etc.): |
| <input type="checkbox"/> | 2 nd Phone: Type Phone: |
| <input type="checkbox"/> | *Email: |
| <input type="checkbox"/> | Have you been outside of Oregon for 60 days or more during the past five years? If so, please list the city, state and approx. dates (including years) you were there: |
| | |
| | |

Employment Information **Required Fields Marked with Asterisk (*)** (This is the information for the agency/facility, AFH, CHF, etc. you applying to be a QED for)

| | |
|--------------------------|---|
| <input type="checkbox"/> | *Provider (Place of Employment): |
| <input type="checkbox"/> | *Position title: |
| <input type="checkbox"/> | *Position Description (include details of duties and worksite location; you can also provide BCU with a word or PDF document of the position description): |
| | |
| <input type="checkbox"/> | *Position Requires Direct Contact with (mark all that apply): <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Confidential Information <input type="checkbox"/> Finances/Financial Records <input type="checkbox"/> Information Technology Systems <input type="checkbox"/> Secure Facilities <input type="checkbox"/> Seniors |
| <input type="checkbox"/> | *Position Requires: <input type="checkbox"/> Driving |

| Applicant: Verify Identity | Required Fields Marked with Asterisk (*) |
|----------------------------|--|
|----------------------------|--|

| | |
|--------------------------|--|
| <input type="checkbox"/> | * Document (See Identity Document options on page 2): |
| <input type="checkbox"/> | * Issuing State/Authority: |
| <input type="checkbox"/> | * Document Number: |
| <input type="checkbox"/> | * Expiration Date: |
| <input type="checkbox"/> | * Please provide a copy of your Identity Document to upload (can be .doc, .pdf, .jpg, etc.). |

Identity Document: You can confirm an SI's identity with a government-issued photo identification. The following are listed in ORCHARDS:

- Oregon State Issued Driver's License
- Oregon State Issues Identification Card
- Non Oregon State Issued Driver's License
- Non Oregon State Issued Identification Card
- United States Armed Forces ID
- Passport
- Visa
- High School/College ID
- Other Government-Issued Photo ID