

# ORCHARDS

Oregon Criminal History & Abuse Records Database System



## Background Check SI Demographics

Information Needed to Submit a Background Check into ORCHARDS

### Subject individual (SI) Information (To be completed fully by SI)

<input type="checkbox"/>	Social Security # (Voluntary. The SI must approve):			
<input type="checkbox"/>	Full Name: Last:	First:	Middle:	
<input type="checkbox"/>	Date of birth (mm/dd/yyyy):	County of Residence:		
<input type="checkbox"/>	Residential address: Street:	City:	State:	Zip:
<input type="checkbox"/>	Mailing address: Street:	City:	State:	Zip:
<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 <sup>nd</sup> Phone:	Type of Phone (home, mobile, etc.):		
<input type="checkbox"/>	Email:			
<input type="checkbox"/>	Have you Lived outside OR for more than 6 mos within the last 5 years? <i>If yes, list all previous addressess:</i>			
<input type="checkbox"/>	Residential address: Street:	City:	State:	Zip:
	Dates Lived at this address:			
<input type="checkbox"/>	Residential address: Street:	City:	State:	Zip:
	Dates Lived at this address:			
<input type="checkbox"/>	Residential address: Street:	City:	State:	Zip:
	Dates Lived at this address:			
<b>Position Description</b>				
<input type="checkbox"/>	PSW: Provide ADL/IADL supports in the client's home and community.			
<input type="checkbox"/>	Brokerage Employee: Administrative - Provide clerical and administrative office support Personal Agent - Provider case management services to I/DD clients			
<b>Applicant: Verification of Identity Documents</b>				
<input type="checkbox"/>	Document (DL or state issued ID, Passport, SSN):			
<input type="checkbox"/>	Issuing State/Authority:			
<input type="checkbox"/>	Document Number:			
<input type="checkbox"/>	Expiration Date:			

**\*\* Please ensure you supply us with your driver's license or we will be unable to process the background check.:**