



LCDDS PSW Criminal History Check Request

Reason for Criminal History Check

New

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/

Address

Physical

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 - Please provide a copy of the front and back of your ID

<input type="checkbox"/> Oregon State Issued Driver's License	Document ID # _____ Expiration Date _____
<input type="checkbox"/> Oregon State Issued Identification Card	Document ID # _____ Expiration Date _____
<input type="checkbox"/> Non-Oregon State Issued Driver's License State _____	Document ID # _____ Expiration Date _____
<input type="checkbox"/> Non Oregon State Issued Identification Card State _____	Document ID # _____ Expiration Date _____
<input type="checkbox"/> Passport	Document ID # _____ Expiration Date _____
<input type="checkbox"/> Visa	Document ID # _____ Expiration Date _____
<input type="checkbox"/> United States Armed Forces ID	Document ID # _____ Expiration Date _____
<input type="checkbox"/> Other _____	Document ID # _____ Expiration Date _____

Position Information

Position will work with: Adults Children
If working with adults this position will require driving Yes No

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 receiving 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.

If you do not receive an email for the consent please contact our office.