DHS CRIMINAL RECORD CHECK FORM

** Certification & Recertification **

Please complete this form by completing the follow items:

PAGE ONE:

 # 8 – Name - DOB - Social Security Number

PAGE TWO:

 # 15 – Name

 # 16 – Date of Birth

 # 17 – SEX (Male or Female)

 # 18 – Social Security Number

 # 19 – Maiden name or other names used

 # 20 – Driver's License Number

 # 21 – Mailing Address (include Street – Apt. # - City – State – Zip

 # 22 – Home and/or message phone(s)

 # 23 – Answer if you have lived out of Oregon during the last five years
If the answer if yes be sure and include the city / state / country and time lived there

 # 24 – Street Address (if different from your mailing address)

 # 25 – Answer if you have ever been charged – arrested – and/or convicted of a crime.
IMPORTANT: Be sure and include the date – county – state and outcome of any crimes.

 # 26 - Provide a complete explanation of any arrests, etc.

 # 27 – IMPORTANT: Be sure and sign your full name.

 # 28 – IMPORTANT: Be sure and date the form.

& return to Heidi Frederick for processing

No later than:

Date: _____

Thank You !!!