

**1Send request to Public Safety, PP22C, Fax #503-494-4839**  
**OHSU - BACKGROUND DISCLOSURE**

Application for employment, volunteer services or other designated affiliations with Oregon Health & Science University requires the completion of this background disclosure form and authorization to conduct a consumer report under the FCRA guidelines (separate form). If you are a finalist for a position of employment, volunteer services or other designated affiliation, as part of the application process, a background check including, but not limited to, criminal offender inquiry must be completed. Prior conviction does not necessarily disqualify any applicant from employment, volunteer service or designated affiliation. A risk assessment will be made that considers the conviction relative to the essential job functions, the time frame in which the offense occurred and any mitigating circumstances. The information below will be used only as identifying information for the purpose of this background check. Oregon State Police Identification Services Section Administrative Rule 257-10-035 adopted under ORS 181.555 allows an individual to review his/her Criminal History for inaccurate or incomplete information. If after review the individual believes that the record is incomplete or incorrect he/she must notify the Department of State Police of their concern and request completion or correction. You, as an individual, have certain rights under Title VII of the Civil Rights Act of 1964. If you wish to become informed of these rights under this Act, you may obtain further information by contacting the Equal Employment Opportunity Commission, 909 First Avenue, Suite 400, Seattle Washington 98104-1061; telephone: (800) 669-3362. Information regarding federal civil rights law and arrest records can be obtained by contacting the Bureau of Labor and Industries.

**Please print clearly:**

**Full Name (Last, First, Middle):** \_\_\_\_\_

Other legal names you have used: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Sex: M( ) F( )**

**Position Applied for:** \_\_\_\_\_ **DL or State ID#** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Department:** \_\_\_\_\_  **New Hire**  **Transfer Application**  **Student**

**Does the position you are applying for require driving as part of the job responsibilities? No \_\_\_ Yes \_\_\_-**

**Have you ever been convicted of any crimes (misdemeanors and/or felonies), including DUI? No \_\_\_ Yes \_\_\_**  
**If yes, list ALL convictions, including details of date, city/state, and offense(s):**

**Have you lived outside of Oregon including school or temporary work at any time during the last ten (10) years?**  
**No \_\_\_ Yes \_\_\_**

**If yes, please complete the following for each such residence: (If more than three, please list on separate page)**

County of Residence	City of Residence	State of Residence	Dates of Residence

I certify that the above information is true, correct and complete. I understand that a background check will be made if I am a final candidate for employment, volunteer services or other designated affiliation, and further understand that if an investigation discloses untruthful or misleading answers, my application may be removed from consideration. I also understand that if my appointment to a position at OHSU is confirmed, I will be required to disclose any convictions that may occur during the course of my affiliation with OHSU to the Office of Public Safety. I understand that the information provided by me is considered confidential.

\_\_\_\_\_  
 Signature of Applicant Date Signed  
 Hiring Manager (please print): \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Department: \_\_\_\_\_ Fax: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Ext. \_\_\_\_\_

**Mission:**  **Hospital/Clinics**  **Research Inst/Central Svcs/West Campus**  **Academic Units**  
**(If unsure, please contact your HR Business Partner)**

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**Oregon Health & Science University**  
**Fair Credit Reporting Act Disclosure and Authorization Form**

DISCLOSURE

As an applicant for employment, volunteer services, other designated affiliation or current employee of OHSU, you have rights under the Fair Credit Reporting Act ("FCRA"). By this document, OHSU discloses to you that a consumer report (including what is known as an investigative consumer report) may be obtained for work purposes as part of the background investigation and/or at any time during your service. If OHSU obtains a consumer report about you, and if OHSU considers any information in the consumer report when making any business related decision that directly and adversely affects you, OHSU will provide you with a copy of the consumer report and a summary of your rights under the FCRA before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA.

The FCRA defines a "consumer report" very broadly as "any written, oral, or other communication of any information by a consumer reporting agency bearing on [your] credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living," which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment. An "investigative" consumer report is created when any of the above information is obtained, even if only in part, through personal interviews with others.

Only certain positions at OHSU may require a full background check, including a credit check. OHSU hereby discloses to you that **the position for which you are currently applying does not require a credit history check**. OHSU will obtain only a report regarding your criminal history and your previous addresses. This report may qualify as a "Consumer Report" subject to the requirements of FCRA as described above.

AUTHORIZATION

By signing below, I, \_\_\_\_\_, acknowledge that I have received the foregoing disclosures that OHSU may obtain a consumer report as part of its background investigation and during the course of my employment (if I am hired), volunteer work or other designated affiliation. By signing below, I voluntarily authorize OHSU to obtain consumer reports about me as disclosed above and to consider the consumer report in its background investigation and when making decisions during the course of my employment, volunteer work or other designated affiliation. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. Such a report will be obtained for employment, volunteer or affiliation purposes only.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
OHSU Representative and Date