



City of Gladstone 18505 Portland Avenue  
Gladstone, Oregon 97027

## Volunteer/Employment Background Check

The City of Gladstone conducts a background check as a condition of all employment offers and some specific volunteer services with the City of Gladstone. As part of the application process, a background check including, but not limited to, criminal offender inquiry must be completed. You must supply a copy of a current valid government issued photo identification along with this completed form. All information entered below must be complete, current and accurate.

Name of Applicant – Last, First, Middle (Please print legibly)		Date of Birth	
Other Names Used (Maiden, Alias, etc)			
Applicants Current Address (PO Box is not acceptable)		Phone Number	
Photo Identification Type and Number (specify, Driver's License, Passport, etc)		Issuing Agency	
Have you lived outside of Oregon including school or temporary work at any time during the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please complete the following for each such residence: (if more than three, please list on a separate page)			
County of Residence	City of Residence	State of Residence	Dates of Residence
By my signature on this form, I certify that the answers given herein are true and complete to the best of my knowledge and I understand that failure to answer questions completely and accurately may result in denial of employment or volunteer services with the City of Gladstone. I authorize the City of Gladstone to conduct this background check and I authorize the disclosure of any and all records necessary to complete this background check. I further acknowledge that under Gladstone Municipal Code Section 2.36 my criminal background may be investigated through State and National computers and information obtained through this process may be used to deny me employment or the ability to be a volunteer with the City of Gladstone.			
Signature of Applicant		Date	

Office use Only			
Police Department	CCH completed <input type="checkbox"/> Local History <input type="checkbox"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Signature/Date
CJIS Prints	Date Sent for Prints _____	Date Prints Mailed to OSP _____	CJIS Notification Rec'd Pass Date _____ Fail Date _____
Keys & Cards Issued	Key Fob Number _____ Issue Date _____ Return Date _____	ID Badge Issued	Date Issued _____ Date Returned _____