



OREGON DEPARTMENT OF CORRECTIONS
BACKGROUND INFORMATION QUESTIONNAIRE
(BIQ)

PLEASE READ FIRST

Thank you for your interest in joining the Oregon Department of Corrections Team. Before you begin to fill out your BIQ, please carefully read **all** questions and information being requested. You **must** be truthful and provide **all additional information and explanations on a separate sheet of paper with as much detail as possible**. **Failure to do so will result in the rejection of your application**. Remember, if in doubt about an incident in your past history, **write it down!**

An **incomplete** application or BIQ will **NOT** be accepted! Please be sure that all areas of your application, BIQ **and** supplemental documentation are **complete**. **Include all details** and make sure to **sign** and **date all documents**. Any areas left blank should be marked “DNA” (does not apply) in the space provided. You **must** be thorough and include **full names, addresses, zip codes and telephone numbers with area codes**. **ALL** questions **must** be answered; if you leave anything out, you will be **disqualified**.

Please use the packet checklist to ensure that you have included all the necessary documentation.

Correctional Officer Supplemental Forms Checklist		
	<input checked="" type="checkbox"/>	Item Description
PD291SA	<input type="checkbox"/>	Security Application Form (Signed & Dated)
Background Information Questionnaire	<input type="checkbox"/>	Background Information Questionnaire (Signed & Dated)
Criminal History and DMV Authorization	<input type="checkbox"/>	Form (Signed & Dated)
Release and Authorization to Release Information	<input type="checkbox"/>	Form (Signed & Dated)
Driver's License	<input type="checkbox"/>	Copy of your Driver's License
Social Security Card	<input type="checkbox"/>	Copy of your "signed" Social Security Card. <i>The receipt from the Social Security Administration verifying that you have applied for a replacement Social Security card is acceptable proof.</i>
Proof of Age	<input type="checkbox"/>	Proof of Age; e.g. birth certificate, US passport, immigration papers, etc.
High School Diploma or GED	<input type="checkbox"/>	Copy of your High School Diploma or GED certificate, or other proof of education at same level. (A diploma from a non-accredited institution is not acceptable.) Note: A copy of your High School transcripts showing the date of graduation or a letter from your high school (on school letterhead) acknowledging you graduated, and your date of graduation is an acceptable document.
Military Forms		
DD214 or 215 Discharge Form	<input type="checkbox"/>	Copy of your DD214 or 215 Discharge Form if you served in the United States Armed Forces. DD214 must be the long form, and show the "Type of Separation" and Character of Service.

July 2009

**RETAIN A COPY OF YOUR APPLICATION,
 SUPPLEMENTAL MATERIALS AND BACKGROUND QUESTIONNAIRE
 FOR FUTURE REFERENCE AND INTERVIEWS. COPIES WILL NOT BE PROVIDED.**

SUBMIT YOUR APPLICATION MATERIALS TO:

**Oregon Department of Corrections
 Recruitment and Background Investigations
 1793 13th Street SE
 Salem, OR 97302-2599**



OREGON DEPARTMENT OF CORRECTIONS

BACKGROUND INFORMATION QUESTIONNAIRE

June 2009

This form **MUST** be typewritten or printed legibly in **DARK INK ONLY**. All questions must be answered completely and accurately. If a question does not apply to you, print or check "DNA" (does not apply) in the space provided for the answer. **Omission** or **falsification** of information discovered at any time during the pre-screening process that would reflect on your honesty or ability to perform the job will result in the **immediate termination** of your background investigation. The information you provide in this Background Information Questionnaire will be used in the investigation into your background to assist in determining your suitability for employment with the Oregon Department of Corrections.

A. NAME AND ADDRESS

Last Name:			First Name:			Middle Name:								
Residence Address (Where you <i>actually reside</i>)				Mailing Address (Where you receive mail if you are unable to receive mail at your residential address)										
Street Address:				Street Address or Post Office Box Number:										
City:		State:	Zip Code:		City:		State:	Zip Code:						
Telephone Numbers:	Home Phone:		Work Phone:		Cell Phone:		Message Phone:							
Email:														
Are you a current or past employee of the State of Oregon? Yes <input type="checkbox"/> No <input type="checkbox"/>						State Employee Identification Number:								
						O	R	O	_	_	_	_	_	_

B. CITIZENSHIP

1. Place of Birth: City _____ State, _____
 2. Are you a U.S. Citizen? Yes No
 3. If you **are not** a U.S. Citizen, are you a permanent resident alien who is legally authorized to be employed in the U.S.? Yes No DNA
- If YES, a naturalization certificate must accompany your application.

Applicant's who are applying for security series positions and are not US citizens are required to obtain citizenship within the first year of employment.

C.**DRIVING HISTORY**

Note: If any of the answers require an explanation; on a **separate sheet of paper**, write the heading “C, Driving History” and the corresponding item number. Give a complete and accurate explanation describing in detail the circumstances, nature of the offense/incident, approximate date of each incident, and final court dispositions, if any. Please **sign** and **date** any supplemental explanations.

1. Are you licensed to operate a motor vehicle? Yes No
If No, please obtain one prior to submitting your application.

2. List below all motor vehicle operator licenses you have been issued within the last seven years.

Include all states in which you received a driver’s license.

State Issuing License	License Number	Is License Currently Valid
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Yes No

3. Other than for medical reasons, have any of your driver’s licenses **ever** been suspended or restricted for any reason? **If “Yes”**, explain details.

Yes No

4. Have you **ever** had a citation or ticket result in a warrant (Failure to Appear [FTA]) e.g. - for parking, registration, equipment, moving violation, etc.)? **If “Yes”**, explain details.

Yes No

5. Have you ever fled the scene of an accident? **If “Yes”**, explain details.

D.**MILITARY SERVICE**

Note: If any of the answers require an explanation; on a **separate sheet of paper**, write the heading “D, Military Service” and the corresponding item number. Give a complete and accurate explanation describing in detail the circumstances, nature of the offense/incident, approximate date of each incident, and final court dispositions, if any. Please **sign** and **date** any supplemental explanations.

1. Have you served in any branch of the U.S. military? If you have served in the United States Military, complete the section below. If not, mark “No” and proceed to section E. Yes No

2. **For military service, please provide current status of enlistment?**

Active Inactive Discharged Reserves

Branch of Service:		Type of Separation:	
Date Entered:		Date Separated:	
Reason for Separation:			

3. While in the military service were you ever arrested for any offense, or did you receive any disciplinary action? **If “Yes”**, explain details. Yes No

4. Have you ever been the recipient of any judicial or non-judicial disciplinary action (Article 15, Captain’s Mast, Office Hours, Company Punishment, etc.) while in the military? **If “Yes”**, explain details. Yes No

5. Have you ever received a military court martial? **If “Yes”**, explain details. Yes No

E.**LEGAL ISSUES**

A criminal history and motor vehicle check is conducted on all applicants. The Criminal Justice Information System (CJIS) or NCIC (National Crime Information Center), police reports and court record's checks may show all arrests even if your case was dismissed or expunged.

Note: If you answer "yes" to any of the following, **on a separate sheet of paper**, write the heading "E, Legal Issues" and the corresponding item number. Provide a complete and accurate explanation of the circumstances, nature of the offense/incident, arresting/investigating agency, approximate date of the incident, and any court documentation showing the final court disposition, if any. Please **sign** and **date** any supplemental explanations.

1. Have you **ever** been convicted as an adult of any criminal offense; violation (other than minor traffic violations), misdemeanor or felony? **If "Yes"**, explain details. Yes No
2. Have you **ever** been charged as an adult of any criminal offense; violation (other than minor traffic violations), misdemeanor or felony? **If "Yes"**, explain details. Yes No
3. Have you **ever** been arrested or under investigation for a crime? **If "Yes"**, explain details. Yes No
4. Do you have any **active** felony or misdemeanor warrants for your arrest? **If "Yes"**, explain details. Yes No
5. Have you **ever** had any felony or misdemeanor warrants for your arrest? **If "Yes"**, explain details. Yes No
6. Are you **currently** on formal, informal, summary, unsupervised, or court probation? **If "Yes"**, explain details. Yes No
7. Have you **ever** been involved in a domestic disturbance? **If "Yes"**, explain details. Yes No
8. Have you **ever** been required to register as a sex, narcotic, or arson offender? **If "Yes"**, explain details. Yes No
9. Have you **ever** failed to appear, pay for any arrests/citations, or violated the terms of any court order or judgment, including probation, restraining order, fine, etc.? **If "Yes"**, explain details. Yes No
10. Are there **currently** any restraining/stalking orders against you (including those incorporated in divorce decrees)? **If "Yes"**, explain details. Yes No
11. Have you **ever** had any restraining orders/stalking orders filed against you? **If "Yes"**, explain details. Yes No

F.**PERSONAL REFERENCES**

List three (3) people who have been acquainted with you for **FIVE (5)** years or more. Do not include anyone related by blood or marriage. Do not list employers or supervisors. **You must list three (3) or your application will be disqualified.**

1.

Complete Name:		Home Phone Number (include area code):
Complete Street Address:		Mailing Street Address, if different:
City, State, Zip Code:		Mailing City, State, Zip Code:
Employer:		Work Phone Number (include area code):
Number of Years Known:		Daytime Phone Number (include area code):

2.

Complete Name:		Home Phone Number (include area code):
Complete Street Address:		Mailing Street Address, if different:
City, State, Zip Code:		Mailing City, State, Zip Code:
Employer:		Work Phone Number (include area code):
Number of Years Known:		Daytime Phone Number (include area code):

3.

Complete Name:		Home Phone Number (include area code):
Complete Street Address:		Mailing Street Address, if different:
City, State, Zip Code:		Mailing City, State, Zip Code:
Employer:		Work Phone Number (include area code):
Number of Years Known:		Daytime Phone Number (include area code):

G. OREGON DEPARTMENT OF CORRECTIONS REFERENCES

Is there any Oregon Department of Corrections person who could provide a reference on your behalf?
 Yes No If YES, list below:

First Name, Last Name	Number of yrs known and relationship	Institution Reference Works At	Daytime Telephone Numbers (include area code)
a.			
b.			
c.			
d.			

H. RESIDENCES

List all residences for the last 5 years beginning with your current residence. Do not list any residences prior to your 16th birthday.

Address (Include City, State, and Zip Code)	Dates		Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
	From	To	
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>

RESIDENCES CONTINUED			
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>
			Rent <input type="checkbox"/> Own <input type="checkbox"/> In the Military <input type="checkbox"/> Resided with someone else <input type="checkbox"/>

I. APPLICANT CERTIFICATION

1. This application packet was typed or handwritten personally by the applicant. Yes No

I hereby swear or affirm and certify that all statements made in this Background Information Questionnaire or appended to it are true and correct to the best of my knowledge, and there are no willful misrepresentations or omissions in, or falsifications of, the preceding statements and answers. I am aware that withholding, falsifying, or omitting pertinent information or information found materially (grossly) inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination if I am employed.

I understand this is not to be considered as an indication of probable appointment upon the department to make an appointment, but a part of the selection process only.

I understand that this is a continuing investigation and agree to notify the Oregon Department of Corrections, Recruitment Unit, of any change in address, job status, or any other information that may reflect any changes or additions in the Background Information Questionnaire within thirty (30) days.

I understand that failure on my part to notify the Oregon Department of Corrections, Recruitment Unit, of the above changes within the time frame stated may result in my file being closed.

I UNDERSTAND THAT ALL INFORMATION REVEALED DURING THE BACKGROUND INVESTIGATION WILL REMAIN CONFIDENTIAL AND THAT IT IS THE DEPARTMENT'S POLICY NOT TO DISCUSS HIRING DECISIONS WITH APPLICANTS.

Applicant Name (Print or Type):
Applicant Signature:
Date:

**PLEASE DO NOT FAX
YOUR APPLICATION PACKET AND SUPPLEMENTS**

**SUBMIT YOUR APPLICATION MATERIALS TO:
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