

BACKGROUND INFORMATION QUESTIONNAIRE

Each person with ownership, controlling authority, decision-making authority, and / or operating responsibility shall complete this two-page form and return it to the above address. Print legibly or type your answers.

Name of licensed facility: _____
print name of cemetery, funeral establishment, immediate disposition company or crematorium

Print Complete Name: _____
(Last) (First) (Middle)

Have you ever used or been known by any other name(s)? Yes / No If yes, list all names. Include aliases, maiden, married name(s): _____

Residential Address: _____
(Street) (City & State) (Zip)

Home phone _____ **Work phone** _____

Personal email _____ **Work email** _____

Birthplace _____ **Date of Birth** _____

SS # _____ **Drivers License or ID # / State** _____

You are REQUIRED to provide all RESIDENCES **within the last ten years (including current residence)**. Please list below each residence along with the dates of residence. If necessary, please use a separate sheet of paper, including your name and signature.

Dates (from-to)	Residential Street Address	City & State & Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

You are REQUIRED to provide **ALL FULL-TIME** and **PART-TIME** employment information **for the last ten years**. You must include: dates of employment, company name / address, your position, your supervisor's name and current telephone number. If self-employed, provide the dates of self-employment, your business name and address. If unemployed, provide dates of unemployment. Please use a separate sheet of paper if necessary and sign and date each supplemental page.

Dates (from-to)	Business Name / Address	Position	Supervisor's Name & Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ BEFORE ANSWERING THE QUESTIONS BELOW

You must answer completely and truthfully. The mere presence of so-called “negative” information is not automatically disqualifying. The Board considers all mitigating and aggravating circumstances when making decisions on applications that contain criminal or civil history. However, false statements and misrepresentations, whether by omission or commission, and whether with intent or no intent, are cause for refusal to issue an OMCB License, Certificate or Registration. **The Board has denied applications that contain misrepresentations about criminal or civil action history.** The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.

An “Arrest” means taken into police custody, or issued a citation to appear in court for a crime, or charged with committing a crime. A "Crime" includes a misdemeanor, felony or a military offense (**DUI / DUUI, DWS Misdemeanor and DWS Felony are criminal offenses.**) "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or receiving probation, a suspended sentence, or a fine. **If you have any questions, please contact Board Staff prior to completing and submitting this application.**

QUESTIONS			CIRCLE THE CORRECT ANSWER
1. Do you currently hold or have you <u>ever</u> held, or applied for, any type of occupational or professional license, certification, or registration or business license in Oregon or any other state or country. If yes, please list them below.			YES
			NO
Licensee / Applicant Name	License Type	State/Country	Status
*2. Have you ever had any administrative, civil or criminal action taken against you, or your personal or business license, or had any such action initiated against you by ANY government entity including, but not limited to: municipal, county, state, tribal or federal / district courts or agencies?			YES
			NO
*3. Have you <u>ever</u> been arrested, charged or issued a citation for any offense / crime other than traffic violations?			YES
			NO
*4. Have you <u>ever</u> been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?			YES
			NO
*5. Have you <u>ever</u> entered into a diversion agreement or placed on probation?			YES
			NO
*6. Do you have <u>any</u> ongoing criminal charges or civil legal matters that are currently unresolved?			YES
			NO

* *If you answered yes to any questions #2 through #6, you must provide a signed, dated, written statement explaining the circumstances of each incident. You must sign, number and date the bottom of each supplemental page and / or document you provide. If applicable, you will need to provide a copy of any court documents, law enforcement reports, and citations for non-traffic violations.*

PLEASE READ THE FOLLOWING BEFORE SIGNING:

I understand that an applicant for a license or certificate must consent to a background check, including information solicited from the Department of State Police. ORS 692.025(8) I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(8) which provides that all applicants for licenses must consent to a background investigation. The information solicited may be from the Department of State Police, Department of Motor Vehicles, credit information, previous employer interviews, and other sources. I authorize the use of my SS # for obtaining necessary investigative background information. I authorize an investigation of all statements made by me, and of my personal character, reputation and background which may include interviews of former employers, acquaintances and references, credit review, criminal record review, motor vehicle record review or other available information.

I understand that any misrepresentation or omission of fact, with or without intent, on my application or supplementary background materials is cause for refusal to issue an Oregon License or Certificate. I hereby declare that the information submitted on this application is true to the best of my knowledge and belief, and that I understand this application is made for use as evidence in court or a contested case hearing and is subject to penalty for perjury. Finally, I agree to comply with Oregon's Statutes and Administrative Rules pertaining to the Death Care Industry.

Print Name of Applicant

Signature of Applicant

Date