



## OLCC APPLICATION BACKGROUND CHECK FORM

Last Name		First Name		Middle Name	
Street Address			City	State	Zip Code
Home Phone	Cell Phone	Work Phone	Email Address	Criminal Record? Felon? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last 5 Numerals Of Social Security Number			Driver's License Number And State		
Date Of Birth	Place Of Birth (City/County/State/Country)				
Any Other Names Used (Including Maiden Names)					

If you answered yes to Criminal Record and/or Felon, list all charges, arrests and/or convictions involving felony convictions or convictions of any drug related misdemeanor (including, but not limited to those under ORS 475) and the outcome regardless of how long ago below. (Attach additional pages if needed.)

	Date (or estimate)	List each charge, arrest or conviction	Drug	County	State	Outcome
1						
2						
3						
4						
5						

I hereby certify that I am the above named individual and that the information provided is true and correct. I understand that a criminal records check will be completed on me. My signature below authorizes the Keizer Police Department to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event disqualifying information is discovered, and you disagree, you may contact Oregon State Police/Identification Service Section/Public Records Unit at 503-378-3070.

THIS INFORMATION IS TO BE HELD CONFIDENTIAL. I understand that the City of Keizer will keep this information confidential to the extent permissible under the law.

I certify the information I have provided is correct and complete. I hereby release the City of Keizer, the Keizer Police Department and its officers, agents and elected officials from any and all liability or

damage that may result from the background check and/or furnishing the information requested. I hereby release the City of Keizer, the Keizer Police Department and its officers, agents and elected officials from any and all claims should I be disqualified from receiving an Oregon Liquor License based on information of an adverse nature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Affiliation to Business  
(Owner, Employee, etc.)

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Date

OFFICE USE ONLY

Disqualifying Information Found

No Disqualifying Information Found

Date: \_\_\_\_\_ Initials \_\_\_\_\_