

Riverview Center for Growth

Background Check Information Sheet

*First Name: _____ *Middle Name: _____

* Last Name: _____ *Email: _____

*Alterenate or Alias Used: _____

*DOB: _____ SSN: _____ (Optional) *Gender: _____

*Primary Phone Number: _____ Secondary Phone Number: _____

*Current
Address: _____ City: _____ State _____ Zip _____

*Mailing
Address: _____ City: _____ State _____ Zip _____

*Have you been outside of the State of Oregon or lived in another state for more than 60 days within the last 5 years? Yes No



If yes, please list previous addresses below:

Previous
Address: _____ City: _____ State _____ Zip _____

Dates: From _____ to _____

Previous
Address: _____ City: _____ State _____ Zip _____

Dates: From _____ to _____

* Are required fields to fill out. Please use reverse side for more room if needed.

***Please attach a photo copy of your state issued ID to this form