



Human Resources Department

1300 NW Wall St, Suite 201, Bend, OR 97703-1960
(541) 388-6553 - Fax (541) 330-4626
www.deschutes.org

To: Prospective Deschutes County New Hire

From: Deschutes County Personnel Department

RE: Required Pre-Employment Documentation

Congratulations on your contingent offer for employment with Deschutes County. As part of the hiring process, Deschutes County requires that candidates pass a pre-employment screening for controlled substances, and a criminal and driving history background check. These screenings are required before Deschutes County can approve the contingent job offer that you received from the hiring manager. In order to perform our screenings, we require your consent.

Please complete the attached forms and return them immediately to Deschutes County Human Resources. You may scan and email (pdf format) to personnelhr@deschutes.org, fax to (541) 330-4626, or hand deliver to the address above.

Please do not return documentation to your hiring manager as that may cause delay in your potential start date.

Forms:

- Consent Form to Request Information for a Criminal Background Check
- Deschutes County Pre-Employment Consent Form (for controlled substances)

If you have any questions, or need assistance, please contact Human Resources at (541) 617-4722. We look forward to meeting you.

Testing Times and Locations: (locations do not apply to out-of-area candidates)

Mt. Medical Immediate Care Center
1302 NE Third Street
Bend, OR 97701
(541) 388-7799
8:00 a.m. to 6:00 p.m. Monday - Friday
10:00 a.m. to 3:00 p.m. Saturday and Sunday

Mid-Oregon Personnel (Mt Med Partner)
465 NW Elm Avenue
Redmond, OR 97756
(541) 923-5260
8:00 a.m. to 5:00 p.m. Monday - Thursday
8:00 a.m. to 4:30 p.m. Friday
Closed on Saturday and Sunday



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DESCHUTES COUNTY

PRE-EMPLOYMENT CONSENT FORM

Part of the hiring process for Deschutes County includes testing for controlled substances. If you wish to complete the process, you must participate in such testing and consent to such testing by signing this form.

I understand that if I am found to be under the influence of intoxicants I will not be hired as a Deschutes County employee and will be barred from applying for county employment for a period of one year. Any consent to testing is voluntary on my part.

I consent to testing of a urine specimen provided by me in order to determine the presence of controlled substances, and recognize that the results of an analysis of such specimen will be used to determine suitability for employment. I authorize the release of the testing results to authorized Deschutes County officers, agents, and employees.

Name (please print)

Signature

Date



**Consent Form to Request Information for a Criminal
Background Check**

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I understand that Deschutes County will conduct a criminal history background check as part of the procedure for processing my application for employment.

I understand that Deschutes County will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand the criminal history background check will include my counties of residence to search for criminal records.

I also understand that before I am denied employment based on information obtained in the report, I will receive a copy of the report and a written description of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Deschutes County Personnel Office representatives within three (3) business days of receipt of the report. If I notify Personnel within this time, I will have a reasonable opportunity to address the information contained in the criminal history background check report.

I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making employment decisions.

Caution – Read Before Signing

I hereby consent to the criminal history background check as described above and authorize Deschutes County to obtain reports concerning my background as stated above. I hereby release Deschutes County, its officers, agents and employees from any and all liability related to Deschutes County using my criminal background information to make employment decisions.

Signature of Applicant _____ Date _____

Print **FULL** Name _____
(First) (Middle) (Last)

Social Security No.: _____ Date of Birth _____

Driver's License Number _____ State of License _____

Position Applied For _____ Department _____

Have you lived outside of the state of Oregon within the last 7 years? ___Yes ___No

If yes please list state and zip code: _____

Have you ever been convicted of a criminal offense*? ___Yes ___No

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

If yes, please explain the nature, date and location. _____

Deschutes County is authorized to conduct criminal history background checks on job applicants pursuant to Deschutes County General Policy. You may request a copy of this policy from the Human Resources Department. Providing your social security number and date of birth are necessary to perform these investigations and will only be used with your consent for the purposes described above. Date of Birth information is obtained for identification purposes only and will not be used as a basis for making employment decisions.