

## TriMet Criminal Background Check Consent Form A

Oregon Revised Statutes (ORS) 267.237 provides TriMet access to Oregon State Police and Federal Bureau of Investigation (FBI) criminal records if the information is required to protect vulnerable Oregonians.

ORS 267.237(2) requires criminal records checks and fingerprinting of individuals who operate motor vehicles for the public and who are employed by mass transit districts or transportation districts or who provide transit service under a contract with the Accessible Transportation Programs (ATP). Screening applies to current employees, prospective employees (job applicants), and individuals under contract who transport the general public, including children, the elderly, individuals with disabilities, and clients eligible for ATP.

By my signature, I am consenting to the following:

- My ability to provide transportation for the Accessible Transportation Program (ATP) is conditional upon the completion of a criminal history records check. I will not be qualified to provide transportation for the ATP if:
  - I refuse to complete an Oregon or federal criminal history records check, or provide my fingerprints;
  - I have a record of convictions or pending indictments of certain disqualifying criminal offenses; or
  - submit false information on the disclosure form.
- TriMet uses all means available to it by law to complete a criminal history records check. A complete review of my criminal history record may include:
  - a criminal history records check through the Oregon State Police (OSP) and the Federal Bureau of Investigation (FBI), including fingerprint-based record checks;
  - using the information I disclose on the Criminal History Records Check Forms; and
  - obtaining my driving record from any state's Department of Motor Vehicles or equivalent agency.
- I am entitled to review a copy of my personal Oregon criminal offender record as maintained and reported by the Oregon State Police. I may challenge any information that I believe to be inaccurate, incomplete, or kept in violation of any state or federal statute or act, through the Oregon State Police. Under federal law I am not entitled to review or obtain a copy of my FBI record. If I wish to challenge any FBI record information, including fingerprint-based records, I may do so through the Federal Bureau of Investigation. (Refer to Attachment B)
- My completed criminal history records check and determination documentation will be securely maintained by TriMet. I am entitled to review my Oregon criminal offender record maintained by TriMet, after positive identification has been made.
- I may have additional rights under Title VII of the Civil Rights Act of 1964. I may obtain further information on my civil rights by inquiring at the Oregon Bureau of Labor and Industries.
- If TriMet determines that I am not qualified to provide transportation for ATP customers, I may appeal that decision in accordance with TriMet's Criminal Records Policy. *Appeal procedures are emailed with disqualification notice. If you submit false information on the disclosure form, you are not eligible for the appeal process.*

**By my signature below, I acknowledge that I have read, understand, and consent to the statements above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**Criminal Background Check Authorization**  
Form B

Eligibility to provide transportation for TriMet's Accessible Transportation Program is subject to the completion of a criminal history records check as defined in ORS 267.237.

*Fill out the following information, please print legibly:*

|  |                     |                  |  |
|--|---------------------|------------------|--|
| _____<br>Last Name   | _____<br>First Name | _____<br>Initial | _____<br>/   /<br>Date of Birth (mm/dd/yyyy)   |
| _____<br>Maiden Name, and/or Previous Married names, Aliases, etc. |                     |                  | _____<br>Social Security Number                |
| _____<br>Driver License State and Number                           |                     |                  | _____<br>/   /<br>Expiration Date (mm/dd/yyyy) |
| _____<br>Accessible Transportation Provider Name                   |                     |                  | _____<br>/   /<br>Date of Hire (mm/dd/yyyy)    |

*By my signature below, I affirm that I have completed all sections of this form with information that is true and accurate. I understand that submitting false information will result in disqualification or termination of the opportunity to provide transportation for TriMet Accessible Transportation Programs. I authorize TriMet to collect my fingerprints and obtain a criminal background check.*

|                                     |                      |
|-------------------------------------|----------------------|
| _____<br><i>Applicant Signature</i> | _____<br><i>Date</i> |
|-------------------------------------|----------------------|