

OREGON FUNERAL DIRECTORS ASSOCIATION
12725 SW 66th Avenue, Suite 105
Portland, Oregon 97223
Ph: 503-639-1186 • In-state Toll 800-304-5095
Fax: 503-624-2903 • In-state Toll Fax 800-828-3415



AUTHORIZATION FORM For Background Checks

Along with a current resume sent to the **Oregon Funeral Directors Association**, we must have your authorization to complete the necessary background checks in order to include your information in the **OFDA Job Bank**, a service provided to our membership for employing apprentices and licensed funeral directors and embalmers. With this consent, you understand that investigative consumer reports which may contain public record information may be requested on you including State and County criminal records and driving records at a fee of \$45.00. Further, understand that information from various Federal, State, local, and other agencies which contain your past activities will be requested.

By signing below, without reservation you hereby, understand that any part or agency contacted by The Oregon Funeral Directors Association will furnish the above mentioned information to a potential funeral firm employer. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as an original.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies having knowledge about you to furnish the Oregon Funeral Directors Association or potential Oregon funeral establishment employer with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

The following is for identification purposes ONLY to perform the background check for the purpose of employment in the funeral industry:

Print Full Name: _____
(First – Middle – Last)

Street Address: _____ **County:** _____

City, State, Zip: _____

Gender: M F **Race:** White Black Asian Am. Indian Other

SSN: _____ - _____ - _____ **Home Ph:** _____ - _____ - _____

Driver's License Number: _____ **State of:** _____

Date of Birth (MM/DD/YYYY): _____ - _____ - _____

Other or Former Names: _____

SIGNATURE: _____ **DATE:** _____

PERSONAL & CONFIDENTIAL

**Mail this along with payment form to:
OFDA • 12725 SW 66th Avenue, Suite 105 • Portland, OR 97223**