



7320 N. Palmyra Rd
 Canfield, OH 44406
 Phone 330-533-8755
 Fax 330-533-8777

BY APPOINTMENT ONLY

September - May
 Monday - Friday 8:30 am to 3:00 pm
June - August
 Monday - Friday 8:30 am to 2:00 pm

Request for a Background Check via Electronic Fingerprinting

BCI FBI BCI & FBI

Have you lived in Ohio continuously for the past five years? Yes No
 Are you employed by the ESCEO, MVRCOG, or a school district? Yes No
 If yes, which district? _____

Personal Information - Please Print Clearly

Name _____ Date of Birth _____
First, MI, Last
 Address _____ SS # _____
 City, State, Zip _____ Phone# _____

Complete this portion only if a FBI background check is required

Sex _____ Race _____ Height _____ Eyes _____ Hair _____

Reason Code for background check: _____ Name & address where physical results are to be mailed (only one):
 (Please see code sheets. Be specific) Name _____
 FBI Code: _____ Attn to _____
 BCI Code: _____ Address _____
 Job Title/Position *Required: _____ City, State, Zip _____
 Phone # _____

Direct Copy Options (select only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> Ohio Dept of Agriculture - HEMP | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board |
| <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Ohio Dept of Education | <input type="checkbox"/> Pharmacy Board |
| <input type="checkbox"/> Child Care Center - Type A - ODJFS | <input type="checkbox"/> Ohio Dept of Insurance | <input type="checkbox"/> PI/SG Ohio Dept of Public Safety |
| <input type="checkbox"/> Commerce - Medical Marijuana Control Program | <input type="checkbox"/> Ohio Dept of Liquor Control | <input type="checkbox"/> Social Work Board |
| <input type="checkbox"/> Construction Board | <input type="checkbox"/> Ohio Div of Real Estate & Prof Licensing | <input type="checkbox"/> State Speech & Hearing Prof Board |
| <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> Ohio Medical Board | <input type="checkbox"/> State Vision Professionals Board |
| <input type="checkbox"/> OT, PT, and Athletic Trainers Board | <input type="checkbox"/> Ohio Racing Commission | <input type="checkbox"/> None |
| <input type="checkbox"/> Ohio Board of Nursing | | |

I certify that I have given the above organization/district permission to obtain a copy of any arrest or conviction record pertaining to me in the file of the Ohio Bureau of Criminal Identification/Federal Investigation. I understand that, if the release is statutorily required as a condition of employment, or being a volunteer, the Educational Service Center of Eastern Ohio (ESCEO) will be provided with any additional arrest or conviction record pertaining to me entered into the files of the Ohio Bureau of Criminal Identification Investigation(BCI) for a period of one year following the date of the execution of this release. I hereby release BCI/FBI, the ESCEO and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.

 Applicant's Name - Please Print Date

 Parent / Guardian Name (Please Print) Date

 *Applicant's Signature

 Parent / Guardian Signature (Minor Applicants Only)

*By signing this form the applicant acknowledges that all the information on this form is accurate. Any mistakes or errors are the responsibility of the applicant.

OFFICE USE ONLY

Date Submitted: _____

Cost: _____

Payment: Cash Check Credit Other _____

Completed by: _____