



# 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 School District?       Yes       No

If yes, what district? \_\_\_\_\_

Date	_____
Cost	_____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
<input type="checkbox"/> Credit Card	
By	_____

## Personal Information - Please Print Clearly

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Complete this portion only if an FBI background check is required

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

### Reason Code for Background Check

*Please see code sheets, be specific*

FBI Code \_\_\_\_\_

BCI Code \_\_\_\_\_

\*Job Title/Position \_\_\_\_\_

### Name & address where direct mail results are to be mailed

*Only one destination permitted*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Direct Copy Options - Select One

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

## Waiver Information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to:

\_\_\_\_\_

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year following the signature date below.

## Please read and initial below

\_\_\_\_\_ I have reviewed the information entered on this form and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility

\_\_\_\_\_ I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate

\_\_\_\_\_ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

### I was offered a copy of the Privacy Rights letter and:

- Declined       Took it with me

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (minor applicants) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_