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## HOURS

Open • Monday-Friday 7:30 AM - 4:00 PM  
Summer Hours • Monday - Thursday 8:00 AM - 3:00 PM  
• Friday 8:00 AM - 12:00 PM

### Request for a Background Check via Electronic Fingerprinting

☐

BCI

☐

FBI

☐

BCI and FBI

Have you lived in Ohio continuously for the past five years?

Are you an employee of the ECOESC?

Are you part of the NCSSA?

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

### Personal Information (Please print clearly)

Name \_\_\_\_\_

Drivers License # \_\_\_\_\_

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

Address \_\_\_\_\_

SSN \_\_\_\_\_

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

Email Address \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_

### Complete this portion only if an FBI background check is needed:

Sex

Race

Height

Weight

Eyes

Hair

Reason Code for background check:

(Please see code sheets. Be specific)

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

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

Reason: \_\_\_\_\_

Name & address for physical results to be mailed to:

(Please provide only one address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

### Direct Copy Options (select only one)

☐

Ohio Dept. of Education

☐

Ohio Board of Nursing

☐

Ohio Medical Board

☐

Ohio Dept. of Public Safety

☐

Ohio Dept. of Liquor Control

☐

Ohio Veterinary Medical Licensing Board

☐

BMV Dealer Licensing

☐

BMV Deputy Registrar

☐

Occupational Therapy, Physical Therapy

☐

Ohio State Racing Commission

☐

Ohio Dept. of Insurance

☐

and Athletic Trainers Board

☐

State Vision Professionals Board

☐

OPOTA

☐

Social Workers Board

☐

State Speech and Hearing Prof. Board

☐

Child Care Center - Type A - ODJFS

☐

Lottery Commission

☐

Ohio Construction Board

☐

Ohio Board of Pharmacy

☐

None

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I 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&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Who will be paying for background check? You ☐

Organization ☐ \_\_\_\_\_

Applicant's Name (Please Print) \_\_\_\_\_

Witness Name (Please Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

Parent/Guardian Signature (Minor Applicants Only) \_\_\_\_\_

Date Submitted \_\_\_\_\_

(Office Use Only)