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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: _____

Job Title/Position ***MUST PROVIDE:** _____

Name & address for physical results to be mailed to:

(Please provide only one address)

Phone # _____

Direct Copy Options (select only one)

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Ohio Dept. of Education

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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)