

BY APPOINTMENT ONLY



834 E. High Ave.
New Philadelphia, OH 44663

Phone • 330-308-9939
Fax • 866-422-3216

HOURS

Open • Monday -Friday 7:30 am to 4:00 pm
Summer Hours • Monday-Thursday 8:00 am to 3:00 pm
• Friday 8:00 am to 12:00pm

Request for a Background Check via Electronic Fingerprinting

☐ BCI

☐ FBI

☐ BCI and FBI

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

☐ YES ☐ NO

Are you an employee of the ECOESC?

☐ YES ☐ NO

Are you part of NCSSA?

☐ YES ☐ NO

Personal Information (Please print clearly)

Name _____
First, MI, Last

Driver's 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)

Name & address for physical results to be mailed to:
(Please provide only one address)

FBI Code: _____

BCI Code: _____

Job Title/Position *Must Provide: _____

Phone # _____

Direct Copt Options (select only one)

☐ Ohio Dept of Education

☐ Ohio Board of Nursing

☐ Ohio Dept. of Real Estate and Prof. Licensing

☐ PI/SG Ohio Dept of Public Safety

☐ Ohio Dept. of Liquor Control

☐ Ohio Medical Board

☐ BMV Dealer Licensing

☐ BMV Deputy Registrar

☐ Ohio Veterinary Medical Licensing Board

☐ Ohio Racing Commission

☐ Ohio Dept. of Insurance

☐ Occupational Therapy, Physical Therapy

☐ State Vision Professionals Board

☐ Child Care Center- Type A- ODFJS

and Athletic Trainers Board

☐ State Speech and Hearing Prof. Board

☐ Pharmacy Board

☐ Social Work Board

☐ Construction Board

☐ Ohio Dept. of Agriculture- HEMP

☐ Lottery Commission

☐ 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

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 the 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

Witness Signature

Parent/Guardian Name

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.

Parent/Guardian Signature (Minor Applicants Only)

Date Submitted _____

(Office Use Only)