



834 E. High Ave.
 New Philadelphia, OH 44663
 Phone 330-308-9939
 Fax 866-422-3216

BY APPOINTMENT ONLY

Appointment Hours
 Monday - Friday 9:00 am to 3:30 pm
 Summer Hours
 Monday - Thursday 09:00 am to 2:30 pm
 Friday 9:00 am to 11:30 am

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 an employee of the East Central Ohio ESC? Yes No
 Are you a part of the NCSSA (substitute teachers)? Yes No

Personal Information - Please Print Clearly

Name _____ Date of Birth _____
First, MI, Last
 SSN _____ Address _____
 City, State _____ Zip/Postal Code _____
 Driver's License # _____ Phone # _____

Complete this portion only if an 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 the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification and 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 the background check? You Organization _____

Applicant's Name - Please Print _____ Date _____

Witness Name (Please Print) _____

*Applicant's Signature _____

Witness Signature _____

Parent/Guardian Name - Please Print _____ Date _____

Parent/Guardian Signature (Minor Applicants Only) _____

Date Submitted (Office use 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.