

- BY APPOINTMENT ONLY -



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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?

Yes No

Are you an employee of the ECOESC?

Yes No

Are you part of the NCCSA?

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)

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 Copy Options (select only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Ohio Dept. of Education | <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> Ohio Medical Board |
| <input type="checkbox"/> Ohio Dept. of Public Safety | <input type="checkbox"/> Ohio Dept. of Liquor Control | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board |
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Occupational Therapy, Physical Therapy
and Athletic Trainers Board |
| <input type="checkbox"/> Ohio State Racing Commission | <input type="checkbox"/> Ohio Dept. of Insurance | <input type="checkbox"/> Social Workers Board |
| <input type="checkbox"/> State Vision Professionals Board | <input type="checkbox"/> OPOTA | <input type="checkbox"/> Lottery Commission |
| <input type="checkbox"/> State Speech and Hearing Prof. Board | <input type="checkbox"/> Child Care Center - Type A - ODJFS | <input type="checkbox"/> None |
| <input type="checkbox"/> Ohio Construction Board | <input type="checkbox"/> Ohio Board of Pharmacy | |

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 adjunction 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)