

Northwest Ohio Educational Service Center

Request for a Background Check via Electronic Fingerprinting
 BCI (\$30) FBI (\$35) BCI and FBI (\$65)

Personal Information (please print)

Name _____
 Date of Birth _____ SSN _____
 Address _____
 City _____

Type of Photo ID and ID # _____
 State/Province _____
 Zip/Postal Code _____
 Phone # _____
 Email Address _____

Complete this portion only if a FBI background check is needed:						
Sex <input type="text"/>	Race <input type="text"/>	Height <input type="text"/>	Weight <input type="text"/>	Hair <input type="text"/>	Eyes <input type="text"/>	

Have you been an Ohio Resident for more than 5 years? YES NO

Reason for background check (BE SPECIFIC: INCLUDE CODE)

Address for results to be mailed to:

Direct Copy Options (MUST CIRCLE ONE)

- | | | |
|--|----------------------------------|--|
| Ohio Dept of Education | BMV Dealer Licensing | BMV Deputy Registrar |
| Child Care Center – Type A – ODJFS | Lottery Commission | Occupational Therapy, Physical Therapy and Athletic Trainers Board |
| Ohio Board of Nursing | Ohio Board of Pharmacy | Ohio Department of Insurance |
| Ohio Construction Board | Ohio Dept of Ag – Hemp Program | Ohio Division of Real Estate and Professional Licensing |
| Ohio Department of Liquor Control | Ohio Department of Public Safety | Ohio Veterinary Medical Licensing Board |
| Ohio Medical Board | Ohio State Racing Commission | State Vision Professionals Board |
| OPOTA | Social Worker Board | |
| State Speech & Hearing Professionals Board | No Electronic Copy | |

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (Northwest Ohio ESC) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider and the agency I have designated to receive this information. I voluntarily and knowingly release and discharge the NwOESC, Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

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 the 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) _____

FOR NwOESC OFFICE USE ONLY _____

<p>No Payment Required:</p> <p><input type="radio"/> New NwOESC Employee (Position _____)</p> <p><input type="radio"/> NwOESC Van/Bus Driver (Initial Certification Only)</p> <p><input type="radio"/> Volunteer for NwOESC (Program _____)</p> <p>Verified with: _____</p>	<p>Payment Made By:</p> <p><input type="radio"/> Cash \$ _____</p> <p><input type="radio"/> Cashiers Check # _____</p> <p><input type="radio"/> Money Order # _____</p> <p><input type="radio"/> Credit Card: Visa, Mastercard, Discover</p> <p style="padding-left: 20px;">Confirmation # _____</p> <p style="padding-left: 20px;">Name on card: _____</p>
<p><input type="radio"/> Ink Rolled- Unable to Capture Electronically</p>	<p>Amount Received <input type="radio"/> \$30- BCI <input type="radio"/> \$35- FBI <input type="radio"/> \$65- BCI/FBI</p>