

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)

Type of Photo ID and ID # _____

Name _____ State/Province _____

Date of Birth _____ SSN _____ Zip/Postal Code _____

Address _____ Phone # _____

City _____ Email Address _____

Complete this portion only if a FBI background check is needed:

Sex Race Height Weight Hair Eyes

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 | Ohio Board of Nursing | Ohio Medical Board |
| Ohio Dept of Public Safety | Ohio Dept of Liquor Control | Orthotics, Prosthetics, Pedorthics Board |
| BMV Dealer Licensing | BMV Deputy Registrar | Occupational Therapy, Physical Therapy and Athletic Trainers Board |
| Ohio State Racing Commission | Ohio Dept. of Insurance | Ohio Board of Pharmacy |
| Dietetics Board | OPOTA | Ohio Construction Board |
| Social Worker Board | Respiratory Care Board | No Electronic Copy |
| Child Care Center- Type A – ODJFS | Lottery Commission | |

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>

