



### Background Check for Companies/Organizations (walk-in form)

**\*Tri-County ESC Disclaimer:** The Tri-County ESC is not responsible for any information provided that is incorrect/inaccurate. All information regarding background checks needs to be written in its entirety on this form. Information may include, but is not limited to: the address to mail results to, federal or state background check requirements, etc.  
Please initial you have read and accept the terms of this Disclaimer: \_\_\_\_\_

(Please print)

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**I have resided in Ohio continuously for the past five years.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of background check needed:**  BCI  FBI

**Authorized Reason Codes (as provided by employer, supervisor, company, etc.)**

BCI Reason Code \_\_\_\_\_ FBI Reason Code \_\_\_\_\_

**Do you need results sent somewhere other than the address above? If yes, fill out section below:**

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Do you need an electronic copy of the results sent? (Please check box that applies)**

- None
- Ohio Board of Nursing
- Ohio Department of Education
- Ohio Department of Insurance
- Occupation or Physical Therapy, Athletic Training
- Other \_\_\_\_\_
- BMV Dealer Licensing
- Child Care Ctr/Type A - ODJFS
- Ohio Board of Pharmacy
- Ohio Medical Board
- Social Work Board

**National WebCheck Waiver**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (1WC575 – Tri-County WESC) 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 or agency I have designated to receive this information.

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.

This authorization and waiver is valid for one year from the date this background check was conducted.

**I Accept**  **I Decline**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

STAFF USE ONLY Initials \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Type of payment (circle): Cash/Credit Card/Check# \_\_\_\_\_