



Request for Background Check

Type of background check needed:

- BCI
- FBI
- BCI & FBI

Personal Information (Please print):

Date: _____

Name: _____

Previous Legal Name(s) eg. maiden (if applicable, list most recent first): _____

Date of birth: _____ SSN: _____

Address: _____

City, State, Zip: _____ Phone #: _____

Email address: _____

A current government issued photo ID (Driver's License, State Photo ID or Passport) is required.

*******Minors must be accompanied by a parent or legal guardian*******

I have resided in Ohio continuously for the past five years. Yes _____ No _____

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

BCI Reason Code _____ FBI Reason Code _____

Results will be mailed (if possible) to the address above unless a different address is provided below:

Agency Name: _____

Attn: _____

Address: _____

City, State, Zip: _____ Phone: _____

Do you need a direct copy of the results sent to a State Agency? (Check one only)

- | | |
|--|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> BMV Dealer Licensing |
| <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> Child Care Ctr/Type A - ODJFS |
| <input type="checkbox"/> Ohio Department of Education | <input type="checkbox"/> Ohio Board of Pharmacy |
| <input type="checkbox"/> Ohio Department of Insurance | <input type="checkbox"/> Ohio Medical Board |
| <input type="checkbox"/> Occupation or Physical Therapy, Athletic Training | <input type="checkbox"/> Social Work Board |
| <input type="checkbox"/> State Speech and Hearing Professionals Board | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board |
| <input type="checkbox"/> Ohio Division of Real Estate and Professional Licensing | <input type="checkbox"/> State Vision Professionals Board |
| <input type="checkbox"/> PI/SG Ohio Department of Public Safety | <input type="checkbox"/> Ohio Department of Agriculture - Hemp |
| <input type="checkbox"/> Construction Board | <input type="checkbox"/> Commerce – Medical Marijuana Control Program |
| <input type="checkbox"/> Ohio State Racing Commission | <input type="checkbox"/> Ohio Department of Liquor Control |
| <input type="checkbox"/> Ohio Dept. of Commerce - MMCP | <input type="checkbox"/> OPOTA |
| <input type="checkbox"/> Lottery Commission | |

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.

Applicant’s Name (Please Print)

Witness Name (Please Print)

Applicant’s Signature

Date

Witness Signature

Date

Please Read and initial below

_____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

_____ I will review the information entered on the WebCheck screen and verify that all of the information is accurate.

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

Sex: _____ Race: _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

FBI FINGERPRINTING ONLY (read and initial)

_____ I acknowledge my fingerprints will be used to check the national criminal history records of the Federal Bureau of Investigation (FBI)

_____ I have reviewed the FBI Noncriminal Justice Applicant’s Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:

_____ Declined it

_____ Took it with me

EMPLOYERS ONLY

Please mark appropriate box below:

Bill Company/Org. (If you have a contract with Tri-County ESC) PO #: _____

Authorized Employee Signature

Print Name

Company/Organization Name

Date

Company Check

Employee responsible for paying

STAFF USE ONLY:

Initials _____ Amount Paid: _____

Type of payment (circle): Bill/Cash/Credit Card/Check# _____