



Request for Background Check (School Employees & Volunteers)

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

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

Are you a Tri-County ESC Employee? Yes _____ No _____

School District: _____

Position: _____

Do you have a **license** (teacher, sub, etc) or **permit** (aide, pupil activity, etc) with the Ohio State Board of Education/ODE?

Yes _____ No _____

If No, will you be required to get a **license** or **permit** as stated above?

Yes _____ No _____

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

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

If there is a * next to the state agency there is no mail to option

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)

Tri-County ESC Representative (Please Print)

Applicant’s Signature

Date

Tri-County ESC Representative Signature

Date

Please Read and Initial each line 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_____ Eye Color_____ Hair 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

STAFF USE ONLY: Initials_____ Amount Paid:_____

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