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.)

FBI Reason Code_____ BCI Reason Code_____

If results are to be sent to address listed above check here [ ]
If results need to be sent (if possible) to a different address complete below:

Agency Name:_____

Attention:_____

Address:_____

City, State, Zip:_____Phone:_____

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

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

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

**** Please Note: Tri-County E.S.C. is not responsible for determining the above information. ****

Revised 04/03/2024

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_____ 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**

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STAFF USE ONLY: Initials_____ Amount Paid:_____

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