

Coshocton County Career Center Request for a Background Check via Electronic Fingerprinting



BCI \$35.00

FBI \$35.00

BCI AND FBI \$65.00

**PERSONAL INFORMATION** (PLEASE PRINT)

Type of photo ID:  Driver's License  Valid Photo I.D. I.D. # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complete this portion ONLY if an FBI background check is needed or Both are needed:

Sex	<input type="text"/>	Race	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>	Eyes	<input type="text"/>	Hair	<input type="text"/>
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Have you been a resident of the state of Ohio for more than 5 years: Yes or No (circle one).

Reason in Law (Ohio Revised Code Number and/or Federal Law) – Must be provided by employer

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

Address for results to be mailed to:

Electronic Direct Copy to: (✓ only one)

ATTN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Ohio Dept. of Education
- Ohio Board of Nursing
- Pharmacy Board
- PI/SG Dept. of Public Safety
- Ohio Dept. of Liquor Control
- Ohio Racing Commission
- Ohio Dept. of Insurance
- Ohio Medical Board
- Ohio Veterinary Medical Licensing Board
- Occupational or Physical Therapy Athletic Trainers Board
- Social Work Board
- BMV Dealer Licensing
- BMV Deputy Registrar
- Child Care Ctr-Type A-ODJFS
- Construction Board
- Lottery Commission
- State Speech and Hearing Professionals Board
- State Vision Professionals Board
- None

Who is paying the fee for this service?  Self  Agency: **If an agency is paying, a signed statement from the agency indicating payment is forthcoming must be presented prior to being fingerprinted.**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to \_\_\_\_\_. 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.

Applicant's Name (Please print)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants only)

FOR OFFICE USE ONLY: Date Completed \_\_\_\_\_ Service Providers Initials \_\_\_\_\_  Paid  Bill