

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: Valid 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 having Background Check completed: _____

Reason in Law **(Ohio Revised Code Number and/or Federal Law)** – **Must be provided by employer (person requesting background checks)**

BCI Reason Code: _____ FBI Reason Code: _____

Address for results to be mailed to:

Name of Company & Person to whom's attention:

Phone Number: _____

Electronic Direct Copy to: (✓ only one)

- | | |
|---|---|
| <input type="checkbox"/> Ohio Dept. of Education | <input type="checkbox"/> Occup./Physical/Athletic Trainers Board |
| <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> BMV Dealer Licensing |
| <input type="checkbox"/> Ohio Board of Pharmacy | <input type="checkbox"/> BMV Deputy Registrar |
| <input type="checkbox"/> Ohio Dept. of Public Safety | <input type="checkbox"/> Child Care Ctr/Type A-ODJFS |
| <input type="checkbox"/> Ohio Dept. of Liquor Control | <input type="checkbox"/> Ohio Construction Board |
| <input type="checkbox"/> Ohio Racing Commission | <input type="checkbox"/> Lottery Commission |
| <input type="checkbox"/> Ohio Dept. of Insurance | <input type="checkbox"/> State Speech and Hearing Professionals Board |
| <input type="checkbox"/> Ohio Medical Board | <input type="checkbox"/> State Vision Professionals Board |
| <input type="checkbox"/> Ohio Veterinary Medical Licensing Board | <input type="checkbox"/> Ohio Dental Board |
| <input type="checkbox"/> Ohio Dept. of Agricultural Hemp | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Ohio Div of Real Estate & Prof Licensing | <input type="checkbox"/> Ohio Dept. of Commerce – MMCP |
| <input type="checkbox"/> 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 (sign at appointment) Date

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants only)

By signing this form, the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Witness (Print Name)

Witness Signature

I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter. I was offered a copy but declined _____.

Initials at appt.

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

Revised 08/22/2023.