

Webcheck # \_\_\_\_\_

Log# \_\_\_\_\_

### Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

#### Personal Information (please print)

Type of Photo ID and ID# \_\_\_\_\_

Name \_\_\_\_\_

State/Province \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_

Email Address \_\_\_\_\_

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

Sex  Race  Height  Weight  Hair  Eyes

Reason for background check: (BE SPECIFIC)

Address for results to be mailed to:

Respiratory clinical rotation

Respiratory employment

WSCC

attn: Adrienne Hellinger

710 Colegate Drive

Marietta, OH 45750

- Ohio Dept of Education
- Ohio Dept of Public Safety
- Ohio MV Dealer Licensing
- Ohio State Racing Commission
- Ohio State Vision Professionals Board
- Ohio Social Worker Board
- Ohio Child Care Center - Type A - ODJFS
- Ohio Construction Board

#### Direct Copy Options (Select only one)

- Ohio Board of Nursing
- Ohio Department of Liquor Control
- BMV Deputy Registrar
- Ohio Department of Insurance
- OPOTA
- State Speech and Hearing Professionals Board
- Lottery Commission
- Ohio Board of Pharmacy

Ohio Medical Board - Respiratory Care Professional

Ohio Veterinary Medical Licensing Board

Occupational Therapy, Physical Therapy and Athletic Trainers Board

NONE

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) \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ (date) \_\_\_\_\_

Witness Signature \_\_\_\_\_

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.