



Request for Background Check

Type of background check needed: BCI FBI BCI & FBI

Personal Information (Please print):

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 _____

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

Sex: _____ Race: _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Authorized Reason Codes (ORC code) (as provided by employer, supervisor, company, etc.)

BCI Reason Code 2151.86 FBI Reason Code 2151.86

Results will be mailed (if possible) to the address above unless a different address is provided below:

Agency Name: OSU Office of Human Resources

Attn: Background Checks - 4-H Wayne County

Address: 1590 N. High St., Ste 300

City, State, Zip: Columbus, OH 43201 Phone: _____

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

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

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)

Witness Name (Please Print)

Applicant’s Signature

Date

Witness Signature

Date

Please Read and initial 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 have reviewed the information entered on the WebCheck screen and I verify that all of the information is accurate.

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.

_____ Requested a copy be sent to the email address provided on this form.

EMPLOYERS ONLY

| | |
|--|---|
| Please mark appropriate box below: | |
| <input type="checkbox"/> Bill Company/Org. (If you have a contract with Tri-County ESC) PO #: _____ | |
| _____ Authorized Employee Signature | _____ Print Name |
| _____ Company/Organization Name | _____ Date |
| <input type="checkbox"/> Company Check | <input type="checkbox"/> Employee responsible for paying |

STAFF USE ONLY: Initials _____ Amount Paid: _____

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