

# Muskingum Valley ESC 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  Photo ID ID#: \_\_\_\_\_

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

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

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

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

**Complete this portion if an FBI or a BCI and FBI background check is needed:**

Sex  Race  HT  WT  Eyes  Hair

**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:

Direct from Atty. General's Office  or retained at MVESC

### Electronic Direct Copy to: (✓ only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Ohio Dept. of Education*                           | <input type="checkbox"/> Child Care Ctr-Type A-ODJFS*                          |
| <input type="checkbox"/> Ohio Board of Nursing*                             | <input type="checkbox"/> Construction Board*                                   |
| <input type="checkbox"/> Ohio Board of Pharmacy*                            | <input type="checkbox"/> Lottery Commission                                    |
| <input type="checkbox"/> Ohio Dept. of Public Safety/PISG                   | <input type="checkbox"/> Social Work Board                                     |
| <input type="checkbox"/> Ohio Dept. of Liquor Control                       | <input type="checkbox"/> State Speech and Hearing Professionals Board*         |
| <input type="checkbox"/> Ohio Racing Commission                             | <input type="checkbox"/> State Vision Professionals Board*                     |
| <input type="checkbox"/> Ohio Dept. of Insurance                            | <input type="checkbox"/> Ohio Division of Real Estate & Professional Licensing |
| <input type="checkbox"/> Ohio Medical Board*                                | <input type="checkbox"/> Ohio Dept. of Agriculture - Hemp                      |
| <input type="checkbox"/> Ohio Veterinary Medical Licensing Board*           | <input type="checkbox"/> None  |
| <input type="checkbox"/> OPOTA (OH Peace Officer Training Academy)          |  |
| <input type="checkbox"/> Occupation or Physical Therapy, Athletic Training* |  |
| <input type="checkbox"/> BMV Dealer Licensing                               |  |
| <input type="checkbox"/> BMV Deputy Registrar                               |  |

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.

**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.**

Applicant's Name (Please Print) \_\_\_\_\_

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

**VECHS approved entity**  Yes  No  Not Applicable

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature (Minor Applicants Only) \_\_\_\_\_ (Date) \_\_\_\_\_

Witness' Signature \_\_\_\_\_ (Date) \_\_\_\_\_

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