

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"/> BMV Dealer Licensing |
| <input type="checkbox"/> Ohio Board of Nursing* | <input type="checkbox"/> BMV Deputy Registrar |
| <input type="checkbox"/> Ohio Board of Pharmacy* | <input type="checkbox"/> Child Care Ctr-Type A-ODJFS* |
| <input type="checkbox"/> Ohio Dept. of Public Safety/PISG | <input type="checkbox"/> Construction Board* |
| <input type="checkbox"/> Ohio Dept. of Liquor Control | <input type="checkbox"/> Lottery Commission |
| <input type="checkbox"/> Ohio Racing Commission | <input type="checkbox"/> Social Work Board |
| <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"/> None |
| <input type="checkbox"/> OPOTA (OH Peace Officer Training Academy) | |
| <input type="checkbox"/> Occupation or Physical Therapy, Athletic Training* | |

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's Signature _____ (Date) _____

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