

Request for a Background Check via WebCheck



BCI



FBI



BCI & FBI

Personal information (please print):

Name: _____ Type of photo ID _____

Date of birth: _____ SSN: _____ ID# _____

Address: _____ Phone #: _____

City/State/ZIP code: _____ 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): Phlebotomy Students

Ohio Revised Code number requiring background check: BCI No BCI ORC -Other FBI _____

*If above reason is "Law Enforcement" specify the job title: NA

*If above reason is "Other", you must specify the actual reason for the background check: _____

Working with children and/or elderly

Where should the results of this background check be sent?

Direct copy options (Circle only one)

| | | |
|---|---|--|
| Ohio Department of Education | Ohio Board of Nursing | Ohio Medical Board |
| PI/SG Ohio Dept. of Public Safety | Ohio Department of Liquor Control | Ohio Construction Board |
| BMV Dealer Licensing | BMV Deputy Registrar | Ohio OT/PT/AT Board |
| Ohio State Racing Commission | Ohio Department of Insurance | State Vision Professionals Board |
| OPOTA | Ohio Dept. of Agriculture - Hemp | Social Work Board |
| Ohio Board of Pharmacy | Lottery Commission | Child Care Center - Type A - ODJFS |
| Ohio Dept. of Commerce - MMCP | | |
| Ohio Veterinary Medical Licensing Board | Ohio Division of Real Estate & Professional Licensing | State Speech & Hearing Professionals Board |
| <u>NONE</u> | | |

If Direct Copy option "NONE" was chosen above, or if the Direct Copy option chosen allows for a secondary copy, enter the mailing address below:

Agency name: Zane State College Attn: Phlebotomy Instructor

Street address: 1555 Newark Road

City: Zanesville State: Ohio ZIP code: 43701

Waiver Information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI 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 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 following the signature date below.

Applicant's name (please print)

Witness name (please print)

Applicant's signature

Date

Witness signature

Date

Parent/Guardian name (minor applicants only)

Parent/Guardian 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.

_____ 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 that it be sent to me at the email address provided on this form.