

# 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 and 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 mailed from MVESC

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

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

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) \_\_\_\_\_

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