

Request for Background Check Form

Webcheck # _____ Log # _____

Request for Background Check via Electronic Fingerprinting

BCI ____ FBI ____ BCI and FBI ____

Personal Information (Please Print) Type of Photo ID and ID# _____
 Name _____ State/Province _____
 Date of Birth _____ SSN _____ Zip/Postal Code _____
 Address _____ Phone # _____
 City _____ Email Address _____

COMPLETE THIS PORTION ONLY IF AN FBI BACKGROUND CHECK IS NEEDED

SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES

Reason For Background Check (Circle one) Address Results are to be mailed to:
School Employee - Non Teaching position 3319 39B1 Cardington-Lincoln Local SD
School Employee - Teacher (Admin) position 3319 39B3 121 Nichols Street
School Employee - Bus Driver 3327 10 Cardington, Ohio 43315

Direct Copy to be Sent to (Please Circle One)

*Ohio Department of Education
 Ohio Department of Public Safety
 BMV Dealer Licensing
 Ohio State Racing Commission
 Dietetics Board
 Social Worker Board
 Child Care Center Type A ODJFS
 Ohio Construction Board

Ohio Board of Nursing
 Ohio Department of Liquor Control
 BMV Deputy Registrar
 Ohio Department of Insurance
 OPOTA
 Respiratory Care Board
 Lottery Commission
 Ohio Board of Pharmacy

Ohio Medical Board
 Orthotics, Prosthetics,
 Peorthics Board
 Occupational Therapy,
 Physical Therapy, and
 Athletics Board

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 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 **The Cardington-Lincoln Local School District**, I voluntarily and knowingly release and discharge the Ohio Attorney Generals Office, BCI&I and their employees from all claims and liability related to this authorized criminal records review and dissemination.

 Applicant's Name (please print)

 Witness Name (please print)

 Applicant Signature

 Witness Signature

 Parent/Guardian Name

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.

 Parent/Guardian Signature (Minor Applicants only)