

# Clinton County Sheriff's Office



1645 Davids Drive, Wilmington, Ohio 45177



937-382-1611



## Civilian Fingerprint/ Web Check

Type of Background Check needed:

BCI (State of Ohio only) \$30.00     FBI (Nationwide Check only) \$30.00     BFBI (Both Ohio & Nationwide Checks) \$55.00

*Please print clearly*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Reason for background check: Public School District School Employees and Bus Drivers Code: 3319.291

### Direct Copy (Circle Only One)

- |   |   |
|---|---|
| BMV Dealer License*                               | Ohio Department of Liquor Control* Ohio   |
| BMV Deputy Registrar*                             | Department of Public Safety PI/SG* Ohio   |
| Child Care Center Type A ODJFS                    | Medical Board                             |
| Occupational Therapy, Physical Therapy & Athletic | Ohio Veterinary Medicine License Board    |
| Construction Board                                | OPOTA* Transaction#: _____                |
| Ohio Board of Nursing                             | Lottery Commission                        |
| Ohio Board of Pharmacy                            | Social Worker Board                       |
| <b>Ohio Department of Education</b>               | State Vision Professional Board           |
| Ohio Department of Insurance*                     | State Speech & Hearing Professional Board |
| Ohio Racing Commission                            |   |

**\*Cannot be mailed to an additional address**

### Mail Background Check Results to:

Company Name: WILMINGTON CITY SCHOOLS

Address: 341 S. Nelson Ave Contact (if any) Treasurer's Office

City/State/Zip Wilmington, OH 45177

All checks are conducted by the Ohio Bureau of Criminal Identification & Investigation, London, Ohio.

**For the status or question regarding the background check(s) please contact them at 877-224-0043 or 740-845-2000**

I certify the personal identifiers provided on this form are accurate. I voluntarily and knowingly authorize this WebCheck agency to submit information to the Ohio BCI&I to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. 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 all information on this form is accurate, Any mistakes or errors on this form are the responsibility of the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by Sheriff's Office Units: \_\_\_\_\_