

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 |
| Ohio Department of Education | 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: _____