

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)

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|--|---|
| BMV Dealer License* | Ohio Department of Liquor Control* |
| BMV Deputy Registrar* | Ohio Department of Public Safety PI/SG* |
| Child Care Center Type A ODJFS | Ohio 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 |
| <input checked="" type="checkbox"/> 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 Avenue Contact (if any) _____

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: _____