

# 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#: \_\_\_\_\_

Public School District

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

### Direct Copy (Circle Only One)

BMV Dealer License\*

BMV Deputy Registrar\*

Child Care Center Type A ODJFS

Occupational Therapy, Physical Therapy & Athletic

Construction Board

Ohio Board of Nursing

Ohio Board of Pharmacy

**Ohio Department of Education**

Ohio Department of Insurance\*

Ohio Racing Commission

Ohio Department of Liquor Control\* Ohio

Department of Public Safety PI/SG\* Ohio

Medical Board

Ohio Veterinary Medicine License Board

OPOTA\* Transaction#: \_\_\_\_\_

Lottery Commission

Social Worker Board

State Vision Professional Board

State Speech & Hearing Professional Board

**\*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: \_\_\_\_\_