

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 or Chartered Nonpublic

Reason for background check: School Employees and School Bus Drivers Code: 3319 39

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: _____