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SELECTION.COM / ARCHDIOCESE OF CINCINNATI
Background Check Release Form



For Office Use Only TYPE OF PRINTS (check one): [ ] BCI&I only [ ] BCI&I and FBI [ ] FBI only
Results sent to Ohio Department of Education/Teacher Certification: Yes [ ] No [ ]

The following information is required. Please complete all fields and PRINT legibly.

Legal Name: First Name Middle Initial Last Name Phone ( ) - -

Social Security # - - Date of birth Place of Birth

Street Address City State Zip

List your primary Archdiocese of Cincinnati parish /school/ institution where you will work, the city, your role and your position.

Table with 4 columns: Parish/School/Institution, City, Role (ED, EM, P) \*, Position (what you are doing there)

\* ED = Certified Ohio Department of Education educator, aide or high school coach; EM = paid employee; P = Priest residing/ serving within the Archdiocese of Cincinnati

Are you currently or will you become any of the following (only applies to locations within the Archdiocese of Cincinnati):

Table with 4 columns: Yes, No, Description, ODE\*\*

\*\* If Yes, the fingerprint results will automatically be sent to the Ohio Department of Education for certification/ licensure requirements.

\*\*\*The fingerprint results will automatically be sent to Ohio Department of Job and Family Services for certification / licensure requirements.

SELECTION.COM® BCI&I/FBI INQUIRY RELEASE:

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize SELECTION.COM® (the WebCheck agency) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal record check for information relating to me.

The authorization and waiver is valid for one year from the date this background check was conducted.

I have read the above disclosure and I hereby authorize you, SELECTION.COM® or its authorized agents to obtain the above referenced information about me. A photocopy or facsimile of this authorization shall be as valid as the original.

By initialing here, I acknowledge that I have reviewed ALL information on the WebCheck screen, including social security number, and I verify that it is correct. I understand that once the information is submitted, no changes can be made.

Applicant Signature: Date: