

ONE TIME PRINT ONLY. DO NOT SAVE AND KEEP ON FILE FOR FUTURE USE.

Please always refer to the online version to ensure that you are using the most recent form. If an old version is brought in, you will be required to fill out a new one.

Fingerprint Date: _____

Name of the company you are representing: _____

Reason for fingerprinting (i.e. Home/Hospice Care Provider): _____

Are you an Administrator/Manager at a childcare facility whose results need to be mailed to the Ohio Department of Job and Family Services? **Yes** **No**

Have you lived in the state of Ohio for 5 **consecutive** years from today's date? **Yes** **No**

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

Name: _____ / _____ / _____ Phone (____) - _____ - _____
Last Name First Name Middle Initial

Social Security # _____ - _____ - _____ Driver's License # _____ State Issued _____

Street Address _____ City _____ State _____ Zip _____

For Identification Purposes, Only: Date of birth _____ Sex _____ Race _____

I recognize that age, sex and race are protected characteristics and that the information requested will only be used for Identification Purposes Only.

SELECTION.COM® BCI&/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. 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 the 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. I hereby release BCI&I and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

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. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

_____ 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. I also understand and agree that if any of the information is incorrect, I will need to be fingerprinted again and that I will be solely responsible for any associated costs.

Applicant Signature: _____ Date: _____

Printed Name of Parent or Guardian (if Applicant is under 18) _____

Parent/Guardian Signature: _____ Date: _____

FOR COMPANY USE ONLY

PLEASE FILL OUT ALL APPLICABLE FIELDS

Client Name _____ Customer Number _____ Date _____
Information Requested: Ohio Statewide (BCI&I) FBI: _____ Reason Code: _____
Money Received: \$ _____ Cash Check No. _____ Money given to Accounting (Initials _____)
Direct Bill _____ Request entered into Ops for billing: _____

