Request for a Background Check via Electronic Fingerprinting

Care Seniors, LLC
Restoring Healthy Lives One Block At A Time

Background Check requested _____FBI _____BCI _____FBI & BCI

Date: _____

Personal Information (please print)

Name: _____ Date of Birth: _____

Maiden/previous married names: _____ SSN#:_____

Phone: _____

Address: _____ Email Address: _____

City: _____ Driver's License #: _____

State: _____ Zip: _____

Complete this portion ONLY if an FBI background check is needed:
Gender:_____ Race:_____ Height:_____ Weight:_____ Hair:_____ Eyes:_____

If no ORC CODE exists for the REASON you are requesting this background check, list job title and describe job duties in Detail. Please be specific: _____

BCI ORC REASON CODE: _____

FBI ORC REASON CODE:_____

Name and address for background results to be mailed to:
COMPANY: _____
ATTN: _____
ADDRESS: _____
CITY: _____STATE:_____ZIP:_____
Phone: _____

Direct Copy Options (Select only one)   *No Mail to option

Ohio Dept. of Education	State Vision Professionals Board	***PI/SG Ohio Department of Public Safety**
Social Work Board (CSWMFT)	Ohio Veterinary Medical Licensing Board	***BMV Dealer Licensing**
Childcare Center Type A- ODJFS	State Speech & Hearing Professionals Board	***Ohio Racing Commission**
Ohio Construction Board	Occupational Physical Therapy & Athletic Trainers Board	***Ohio Department of Liquor Control**
Ohio Board of Nursing	None	***BMV Deputy Registrar**
Ohio Board of Pharmacy		***Ohio Department of Insurance**
Ohio Department of Agriculture-HEMP		***Lottery Commission**
Ohio Division of Real Estate & Professional Licensing		***OPOTA Ohio Peace Officer Training Academy**
Ohio Medical Board		

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this webcheck agency (Care Seniors, LLC) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for the 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. This authorization and waiver is valid for one year from the date this background check was conducted.

_____   _____
Applicant's Name (print)   Processed by - Name

_____   _____
Applicant's Signature   Date   Amount Received

_____   _____
Authorized Representative Name   Signature of Processor

_____
Authorized Rep Signature   Date

DO NOT initial below until you go to the Webcheck room. By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant. NO REFUNDS.
Initial