

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, a security clearance, or an adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record, as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit providing you a copy of the record, you may obtain a copy by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may submit your challenge directly to the FBI via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the contributing agency and request verification or correction of the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes or corrections to your record in accordance with the information supplied. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation, executive order, or rules, procedures, or standards established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).

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.

Request for a Background Check via WebCheck

BCI

FBI

BCI & FBI

Fingerprint Date: _____

Name of the company you are representing: _____

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

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

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

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

Street Address _____ City _____ State _____ Zip _____

Type of photo ID _____ ID# _____ Email _____

Complete this portion only if an FBI background check is needed:
For Identification Purposes, Only: Date of birth _____ Sex _____ Race _____
Height _____ Weight _____ Hair _____ Eyes _____
I recognize that age, sex and race are protected characteristics and that the information requested will only be used for Identification Purposes Only.

Reason for background check (be specific): _____

Ohio Revised Code number requiring background check: BCI _____ FBI _____

* If above reason is "Law Enforcement" specify the job title: _____

* If above reason is "Other", you must specify the actual reason for the background check: _____

**Where should the results of this background check be sent?
Direct copy options (Circle only one)**

Ohio Department of Education	Ohio Board of Nursing	Ohio Medical Board
PI/SG Ohio Dept. of Public Safety	Ohio Department of Liquor Control	Ohio Construction Board
BMV Dealer Licensing	BMV Deputy Registrar	Ohio OT/PT/AT Board
Ohio State Racing Commission	Ohio Department of Insurance	State Vision Professionals Board
OPOTA	Ohio Dept. of Agriculture – Hemp	Social Work Board
Ohio Board of Pharmacy	Lottery Commission	Child Care Center – Type A – ODJFS
Ohio Dept. of Commerce - MMCP		
Ohio Veterinary Medical Licensing Board	Ohio Division of Real Estate & Professional Licensing	State Speech & Hearing Professional Board
NONE		

If Directory Copy option "NONE" was chosen above, or if the Directory Copy option chosen allows for a secondary copy, enter the mailing address below:

Agency Name: _____ Attn: _____

Street _____ City _____ State _____ Zip _____

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) to submit information to the Ohio Bureau of Criminal Investigation and Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI 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 and their employees from all claims and liability related to this authorized criminal record review and dissemination. I hereby release BCI 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. This authorization may be executed by handwritten or electronic signature, and a photocopy or facsimile shall be deemed 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. 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: _____

Please read and initial below

_____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

_____ I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.

_____ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:

_____ Declined it.

_____ Took it with me.

FOR COMPANY USE ONLY
PLEASE FILL OUT ALL APPLICABLE FIELDS



Client Name _____	Client ID _____	Date Fingerprinted _____	By _____
Info Requested: <input type="checkbox"/> BCI only <input type="checkbox"/> FBI only <input type="checkbox"/> BCI & FBI	Reason Code _____	Date Submitted _____	By _____
Authorization & Receipt: <input type="checkbox"/> Client auth form <input type="checkbox"/> Written receipt <input type="checkbox"/> Emailed Receipt	Date Entered OPS _____	By _____	
Walk-in/Cash Only: Money Received: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	Money given to Accounting	By _____



155 Tri County Pkwy, Suite 115, Cincinnati, OH 45246 Phone – (513) 522-8764 (Ext.3026) Fax – (513) 728-4420

Date: _____
Cash amount: _____
Initial: _____