

# GEAUGA COUNTY SHERIFF'S OFFICE

## WEB CHECK WAIVER



Date \_\_\_\_\_

Request for a Background Check via Electronic Fingerprinting

BCI     
  FBI     
  BCI & FBI

Type of Photo ID and ID # \_\_\_\_\_

**All background checks are payable prior to your fingerprints being scanned. Payment is to be paid in cash (exact amount), check or money order. If payment is to be billed, you must present paperwork from your prospective employer requesting the Sheriff's Office to bill them**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

**Complete this portion if an FBI Background check is needed**

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Reason for Background Check: \_\_\_\_\_ **Background Check Code:** \_\_\_\_\_

Mail Result to: Company or Agency: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

|                                     |                                   |                                |
|-------------------------------------|-----------------------------------|--------------------------------|
| <b>Direct Copy To: (Circle One)</b> | Social Work Board                 | Ohio Board of Nursing          |
| Ohio Department of Public Safety    | Ohio Department of Education      | Respiratory Care Board         |
| BMV Dealer License                  | Ohio Department of Liquor Control | Child Care Center - Type ODJFS |
| Ohio State Racing Commission        | BMV Deputy Registrar              | Lottery Commission             |
| Dietetic Board                      | Ohio Department of Insurance      | Ohio Construction Board        |
| Ohio Pharmacy Board                 | OPOTA                             | Ohio Medical Board <b>NONE</b> |

**I voluntarily and knowingly release and discharge the Attorney General's Office, BCI, the FBI and their employees from all claims and liability related to this authorized record review and dissemination.**

Applicant's Name (Print) \_\_\_\_\_

Witness Name (Print) \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Entered By: \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian Signature (Minor Applicant) \_\_\_\_\_