

WARREN COUNTY SHERIFF'S OFFICE
Sheriff Larry L. Sims

WebCheck Application

Name: _____ **Date:** _____
Last First Middle

Address: _____

City State Zip Code

Date of Birth: _____ **Social Security Number:** _____

Phone Number: _____ **E-Mail Address:** _____

Photo ID Type: _____ **ID Number:** _____

Type of WebCheck Requested & Corresponding Ohio Revised Code: ☐ BCI: 3319.39B1 ☐ FBI: 3319.39

Complete this Section ONLY if an FBI Background Check is requested:

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Reason for WebCheck (Please be Specific): _____

If "Law Enforcement" is the reason for your WebCheck please list the specific job title:

Direct Copy Options (Circle One (1) Only)

Ohio Department of Education ✓

PI/SG Ohio Department of Public Safety

BMV Dealer Licensing

BMV Deputy Registrar

Ohio State Racing Commission

OPOTA

Ohio Department of Pharmacy

Ohio Board of Nursing

Ohio Medical Board

Ohio Veterinary Medical Licensing Board

Ohio Department. of Commerce – MMCP

Ohio Department of Liquor Control

Ohio Department of Agriculture – Hemp

Ohio Department of Liquor Control

Ohio Department of Insurance

Lottery Commission

Ohio Division of Real Estate & Professional Licensing

Ohio Construction Board

Ohio OT/PT/AT Board

Social Work Board

Child Care Center – Type A – ODJFS

State Speech & Hearing Professionals Board

NONE

WARREN COUNTY SHERIFF'S OFFICE**Sheriff Larry L. Sims****WebCheck Application**

If the Direct Copy option selected is "NONE", or if the Direct Copy Option selected allows for a secondary copy please provide the mailing address below:

Agency Name: Springboro Community School

Attention: HR

Address: 1685 S. Main Street

Springboro

City

Ohio

State

45066

Zip Code

Waiver Information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal 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 _____. 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. This authorization and waiver is valid for one year following the signature date below.

Applicant's Name (Please Print) __________
Witness Name (Please Print)**Applicant's Signature** _____**Date**_____
Witness Signature**Date****Parent/Guardian Name (Minor Applicants Only)** _____**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 was offered the FBI Noncriminal Justice Applicant's Privacy Rights letter.

For Office Use Only

On credit card transactions, leave this section blank and staple the receipt in this area. Do not cover applicant's signature.

Unit # processing payment: _____ **Date of Transaction:** _____

Amount of payment: \$ _____ **Cash** **Check/Money Order #:** _____