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### Human Resources Department Web Check

### Background Request Form

<https://www.signupgenius.com/go/904054aacaf29aafb6-fingerprint>

_____ \$46	BCI & FBI -New/Rehire Employee/Overnight Volunteer	_____ \$22	BCI only
_____ \$30	FBI only (5year renewal)	_____ \$0	Family Ambassador/ Mentor/ Hs Vocational Students
_____ \$0	OAPSE (CSEA)- FBI only (5year renewal)		

#### **ONLY – Debit/Credit Cards or Money Orders payable to Columbus City Schools**

- \* Any High School Student under the age of 18 must be accompanied by an adult
- \* All High School Students must provide School Issued Picture ID

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Program: \_\_\_\_\_ Work/School Location: \_\_\_\_\_

Have you been an Ohio Resident for the last 5 years? \_\_\_\_\_

Do you need a copy sent to the Ohio Department of Education? \_\_\_\_\_

Other names used: \_\_\_\_\_ Driver License#: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

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

I hereby certify that I have given agency (4DV181) permission to obtain all criminal information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I). By placing my Fingerprint Images in the WEBCHECK Scanner, I am authorizing the BCI&I to release criminal history information about me to the person(s)/agencies identified in this request for the period of one year from the date of this transaction. 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.

**Hours: Monday –Friday 8:00 am - 4:00 pm BY APPOINTMENT ONLY**  
**Columbus City Schools, 3700 South High Street, HR Satellite Office, Columbus, OH 43207**

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable to all district programs and activities.

FOR OFFICE USE ONLY				
	Payment			Date
Staff	DC/CC	MO	BCI	
Date	30	46	0	FBI