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SELECTION.COM / ARCHDIOCESE OF CINCINNATI
Background Check Release Form

For Office Use Only

TYPE OF PRINTS (check one): BCI&I only BCI&I and FBI FBI only
Results sent to Ohio Department of Education / Teacher Certification: Yes N/A

PLEASE **PRINT** THE FOLLOWING INFORMATION **LEGIBLY**:

LEGAL NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE () _____ SSN: _____ / _____ / _____

DATE OF BIRTH: _____ / _____ / _____ PLACE OF BIRTH: _____

List your primary **Archdiocese of Cincinnati** parish / school / institution where you will work, the **city**, your **role** and your **position**.

Parish/School/ Institution	City	Role (ED, EM, P) *	Position (what are you doing there)

* **ED** = Certified Ohio Department of Education educator, aide or high school coach; **EM** = paid employee; **P** = Priest residing / serving within the Archdiocese of Cincinnati

Are you currently or will you become (only applies to locations within the Archdiocese of Cincinnati):

Yes	No	ODE**
		No
		Yes***
		No
		No
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes

** If **Yes**, the fingerprint results will automatically be sent to the Ohio Department of Education for certification / licensure requirements.

***The fingerprint results will automatically be sent to Ohio Department of Job and Family Services for certification / licensure requirements.

RELEASE OF BACKGROUND CHECK RESULTS

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (SELECTION.com) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and the Federal Bureau of Investigation (FBI) (if requested) to conduct a criminal records check for 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, the Archdiocese of Cincinnati, its parishes, schools, agencies, institutions, employees and volunteers, and any and all individuals connected therewith 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.

SIGNATURE: _____ DATE: _____ / _____ / _____



By initialing, you are stating that you have looked at ALL information on the computer Webcheck screen, including your Social Security Number, and that ALL the information is correct. **We cannot make any changes once the Webcheck is submitted.** If you need to be re-fingerprinted because of any errors, you will be responsible for payment.