

# University of Cincinnati Police Division

## Background Information Check

By filling out and signing the form below:

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to the address listed below.

I understand that failure to provide information necessary to obtain criminal records check, providing false information or omitting any material information from my application will be sufficient grounds for the University of Cincinnati's rejection of an application, termination of employment or removal from participation in activities or programs for which a background check is required whenever discovered.

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

Have you lived in Ohio for the past 5 years? ☐ Yes ☐ No

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**Address:** \_\_\_\_\_  
NO & STREET NAME CITY STATE ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER PHONE NUMBER

**Service:** ☐ BCI (State of Ohio) \$32  
☐ FBI (National) \$34

Reason for background check: \_\_\_\_\_ Direct copy to: \_\_\_\_\_

**I want my results to be:**

Please check one

- ☐ Mailed *Address to be sent to* \_\_\_\_\_  
☐ Picked up in Edwards 4

If you have ever been charged or convicted explain below, a conviction may or may not result in confinement. Include every charge and or conviction, including traffic offenses but not parking citations. Please know that a record of conviction and or charge is not an automatic disqualification to employment.

DATE OF CONVICTION	CITY / STATE	CHARGE	PENALTY ASSESSED

**Signature:** \_\_\_\_\_

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

**DO NOT WRITE BELOW – FOR UNIVERSITY PUBLIC SAFETY USE ONLY**

Reason being completed: \_\_\_\_\_ Direct Copy: YES \_\_\_\_\_ NO \_\_\_\_\_

BACKGROUND LEVEL PERFORMED BCI&I \_\_\_\_\_ FBI \_\_\_\_\_ BMV \_\_\_\_\_ Recipient of direct Copy \_\_\_\_\_

Payment: ☐ Credit/Debit \_\_\_\_\_ ☐ Cash \_\_\_\_\_ ☐ Check/Money Order \_\_\_\_\_ ☐ Billing \_\_\_\_\_  
☐ Group \_\_\_\_\_

Background Check Personnel: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Recipient at time of pick up:** \_\_\_\_\_ **Date:** \_\_\_\_\_