Please always refer to the online version to ensure that you are using the most recent form. If an old version is brought in, you will be required to fill out a new one.



SELECTION.COM / ARCHDIOCESE OF CINCINNATI Fingerprint Release Form

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For Office Use Only				☐ BCI and FBI	☐ FBI only				
		Results	sent to State Board of I	Education/Teacher/Rap	back Certification:	Yes □ N	lo 🗆		
		The following inf	ormation is required	Please complete al	l fields and PRINT	legibly			
			-	. Trease complete al					
Legal Na	ame: _	First Name	// Middle Initial	Last Name	Phone ()				
			Date of birth		Place of Birth				
Street AddressCity				_StateZip_					
List your	prima	ry Archdiocese of Cincir	nnati parish /school/ instituti	on where you will work, the	city, your role and your	r <u>position</u> .			
Parish/School/Institution		ool/Institution	City	Role (ED, EM, P) *	Position (what yo	u are doing th	iere)		
* ED = C	ertified	State Board of Education e	ducator, aide or high school c	oach; EM =Paid employee; P	Priest residing/ serving w	vithin the AOC			
Are you	u curr	ently or will you beco	me any of the following	g (only applies to locat	ions within the Arch	idiocese of Cir	ncinnati):		
Yes	No								
		Paid school bus or van	driver						
		Clerics residing/serving	with the Archdiocese of Cir	ncinnati - priests, seminariar	ns, deacons, and religiou	us women.			
		Clerics residing/serving with the Archdiocese of Cincinnati - priests, seminarians, deacons, and religious women. Day Care Center employee (Child Daycare Center Owner, Licensed or Administrator Type A Daycare Home Owner) **If Yes: Please note that there will be an additional charge as prints need to go to ODJFS & SBOE.							
See note		Non-Licensed School & Church/Parish Staff WITH regular contact with students: maintenance, administrative							
		staff, cafeteria, before/after-school care, non-licensed preschool staff, or any other non-licensed school employee Paid teaching, including non-tax supported teacher, and School Personnel Holding a Pupil Services							
		License/Registration (school nurse, counselor, social worker, OT, PT, audiologist, psychologist, speech pathologist)							
		Paid substitute teacher (substitutes are cleared for all schools and do not need to list school(s) individually above)							
		Paid teacher aide or paid classroom aide							
		Paid lunchroom monitor or paid playground monitor							
		Pupil Activity Supervisor, Athletic Director or Coach - THIS APPLIES TO ALL PAID / VOLUNTEER HIGH SCHOOL COACHES.							
		Non-paid student teacher or non-paid teacher doing pre-service field experience Church & Parish staff without regular contact with students							
I certify the to the Ohito dissem voluntarily review an information. The author I have reathe above shall be be	at the p to Burea tinate cr y and kn d disser to crization ad the a referen rought c By ir	ersonal identifiers provided or au of Criminal Identification and iminal arrest, conviction and owingly release and discharg mination. I hereby release BC and waiver is valid for one yet bove disclosure and I hereby iced information about me. A ponly in state or federal court in itialing here, I acknowledge	INQUIRY RELEASE In this form are accurate and I vo d Investigation (BCI&I) to condu juvenile delinquency adjudicati e the Ohio Attorney General's O I&I and any and all individuals in ear from the date this backgroun authorize the Archdiocese, its photocopy or facsimile of this aut the State of Ohio and shall be eathat I have reviewed ALL infortion is submitted, no change	luntarily and knowingly authorized a criminal record check for in on records to the WebCheck pffice, BCI&I and their employeed dentified in this request from all defect was conducted. affiliated entities and authorized thorization shall be as valid as the governed by, and construed in cormation on the WebCheck so	formation relating to me. I voorovider, or agency I have is from all claims and liability liability in connection with the dagents, and SELECTION. The original. I agree that any accordance with, the laws of the control of the contr	coluntarily and know designated to rece related to this author he dissemination of COM® or its author and all disputes aris of the State of Ohio.	vingly authorize BCleive the information lorized criminal record such criminal historized agents to obtaining from this "Reportant I verify that it		
need to b	e finge	rprinted again and that I wil	I be solely responsible for any	y associated costs.			io intotricot, i w		
			"f A - 1" 1 10 \						
			if Applicant is under 18)						
Parent/0	Guardi	an Signature:			Date:				

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