



132 N. Wilson Rd., Columbus, OH 43204  
614-272-0900

Web Check #: \_\_\_\_\_

Have you lived in Ohio for More Than 5 Years? Yes \_\_\_ No \_\_\_ If No, how long have you lived in Ohio? \_\_\_\_\_

Type of Background Check:  BCI  FBI  BOTH BCI & FBI Type of ID & #: DL or State ID \_\_\_\_\_

**Personal Information (Please Print):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Reason for Background Check : \_\_\_\_\_

<p><b><u>ADDRESS FOR RESULTS TO BE MAILED:</u></b></p> <p>Name of Company: <b>ACADEMIA SCHOOL OF NURSING</b>          Attention: <b>DIRECTOR</b>          Address: <b>3191 W. BROAD ST.          COLUMBUS, OH 43204</b></p> <p>Phone: <b>614-279-4900</b> Fax: _____</p>	<p><b><u>Direct Copy To: (Circle One if it Applies)</u></b></p> <p>Ohio Department of Education          Ohio Board of Nursing          Ohio Department of Public Safety          Ohio Department of Liquor Control          Ohio State Racing Commission          NONE</p>
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Applicant's Name (Please Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

- By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

**Payment Options:** VISA Mastercard Debit Card Business Check Cashier's Check **NO CASH ACCEPTED**

PAID  NOT PAID  PAYROLL DEDUCTION (First Paycheck)

**Prices:** BCI = \$32.00 FBI = \$32.00 Both = \$61.00