

fastCHEX

6430
6430 E Main St, Ste 102
Reynoldsburg, OH 43068
614.846.3205

www.fastchex.com

Request for a Background Check via Electronic Fingerprinting

BCI

FBI



Personal Information: (please print)

Name: _____

Date of Birth: _____

Address: _____

SSN #: _____

City/State/Zip: _____

Phone #: _____

Type of Photo ID & ID #: _____

Complete this portion ONLY if an FBI background check is needed:

Sex: ____

Race: ____

Height: ____

Weight: ____

Eyes: ____

Hair: ____

Transaction # (office use): _____

Address for results to be mailed to:

God's Kidz Too- Attn: Tara Linton
2300 S Hamilton Rd
Columbus, OH 43232
ambassadorhh@yahoo.com

Direct Copy to (circle one if necessary):

BMV Dealer License

BMV Deputy Registrar

Child Care- ODJFS

Dietetic Board

Lottery Commission

Ohio Board of Nursing

Ohio Construction Board

Ohio Dept. of Education

Ohio Dept. of Insurance

Ohio Dept. of Liquor Control

Ohio Dept. of Public Safety

Ohio Pharmacy Board

Ohio State Racing

Commission

OPOTA

Respiratory Care Board

Social Work Board

State Medical Board

NONE

I certify that the personal identifies provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the above employer. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI & I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print) _____ Date _____

Witness Name (please print) _____

Applicant's Signature _____ Date _____

Witness Signature _____

Ohio Department of Job and Family Services
EMPLOYEE MEDICAL STATEMENT FOR CHILD CARE

The physical examination and completion of this form must occur no more than 12 months prior to the first day of employment.

Name of Employee	
Home Address	
City, State, Zip	
First Day of Employment	
To be completed by the Health Care Provider	
My signature below certifies that I examined the above-named person who is found to be	
<input type="checkbox"/> Physically fit for employment in a facility caring for children	
<input type="checkbox"/> Immunized against Diphtheria/Tetanus/Pertussis (Tdap) <i>(All employees must have verification of being immunized against pertussis by January 1, 2018)</i>	
<input type="checkbox"/> Immunized against Measles, Mumps and Rubella (MMR) <i>(Except that for a person born on or before December 31, 1956, a history of mumps or measles disease may be substituted for the vaccine. A history of rubella disease shall not be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies shall be accepted in lieu of rubella vaccine).</i>	
Name of Health Care Provider* <i>(Please Print)</i>	
Street Address	
City, State, Zip	Phone Number
Signature of Health Care Provider*	Date of Examination

*This form may be signed by a licensed physician, physician's assistant, advanced practice registered nurse, certified midwife or certified nurse practitioner.

How to register for an OCCRRA account

Go to OCCRRA.org

Click on create account

Put in your email address and follow the prompts

You will be sent your 8-digit OPIN number.

You will be sent a temporary password.

Log into your OCCRRA account with your temporary password

It will prompt you to change the password.

OCCRRA email address _____

OCCRRA OPIN- _____

OCCRRA Password _____

Once you log in, you will be directed to your dashboard. You will need to list all of your employment that you have ever had, all credentials and schooling and anything else that may help you gain points.

Please sign up for the following classes:

- 1 hour child abuse**
- ohio's approach to quality**
- ohio's overview of child development**
- child care center staff orientation**

WORK EXPERIENCE (Most Recent First)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
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Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Discipline Techniques used?				Good with computers?		Yes No
What curriculum are you familiar with?				Can read, write and speak in English?		Yes No
Are you confident with lesson plans?				Willing to get credential or degree by 2020?		Yes No
Languages Read, Written or Spoken Fluently Other Than English						

Can you pass a BCI, FBI and Sex Offender background check?	Yes	No
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)