

Ohio Department of Rehabilitation and Correction

Background Investigation Checklist

Applicant Name:

Section 1

General Information

	Initials	Date
Driver License/State ID		
MRDD Abuse Registry https://odmrd.state.oh.us/apps/internet/abs/abs/abuse_default.aspx		
DOTS Portal - Inmate Visiting List		

Section 2

Fingerprints

	Initials	Date
BCI & I		
FBI		

LEADS

	Initials	Date
DS (Driver's & SSN)		
ZSO or SER		
QR		
Other		

Local Law Enforcement

(forms DRC1673 & DRC1679)

	Initials	Date
Residence - City		
Residence - County		
Employment - City		
Employment - County		
Educational - City		
Educational - County		

Section 3

Education

	Initials	Date
High School/GED		
Certified College Transcript		
Certification/Licensure		

Employment

(form DRC1676)

	Initials	Date
Current - Employer		
Employer		
Employer		
Employer		
Employer		
Employer		
Employer		
Employer		

Section 4

Personal Reference

(form DRC1678)

	Initials	Date
Personal Reference		
Personal Reference		

Supporting documentation must be attached.

Background Investigation Completed by:

Investigator's Signature:	Date:
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Approved:

Appointing Authority/Designee:	Date:
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