

St. Cloud Area Schools District 742 Applicant Entering Instructions



THE MCDOWELL AGENCY, INC
background screening

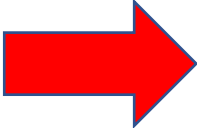
If you have any questions, contact Taylor Moses at

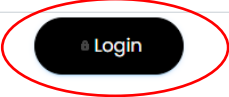
taylor@mcdowellagency.com

651-644-3880

Click on the link provided by St. Cloud Schools District 742. Enter your **first name, last name and email address**. Click **Login**.

Welcome
Please enter your Personal Information in the fields below to gain access and begin this application process. Thank you.

 First Name:*
Last Name:*
Email:*

 **Login**

Read through the **ESIGN Act Disclosure and Consent** section and click on the yellow check box to agree to conduct the background screening process electronically.

ESIGN Act Disclosure and Consent

Pursuant to the Electronic Signatures in Global and National Commerce Act ("ESIGN Act") and the Uniform Electronic Transaction Act (UETA) the following ESIGN Act Disclosure and Consent explains how the background screening process will be conducted electronically by District 742. After reviewing this Disclosure and Consent you can agree to proceed electronically by clicking the "I agree" button below. If you do not wish to proceed electronically, click "I do NOT agree" and you will be provided with further instructions.

Electronic Delivery of Disclosures, Notices and Letters

- By operating in an electronic environment you agree to receive, access, sign, and submit documents necessary to complete the background screening process and investigation electronically.
- You consent to the use of electronic records and signatures in connection with your background investigation through District 742 and therefore you will receive any federal and state disclosures including, but not limited to, the disclosure and authorization, state law notices and disclosures, and any adverse action letters, electronically.
- You may choose to not use electronic records and may instead choose to have the documents necessary to complete your background investigation provided on paper or in non-electronic form; as well as the receipt of any disclosures, notices, and letters in non-electronic form. Doing so will delay completion of your background investigation and a fee may apply. To complete the background screening process in non-electronic form please contact District 742 320-253-9333 for further instructions.
- If, after consenting to the use of electronic records you would like to obtain a paper copy of any electronic record(s) please contact District 742 320-253-9333. A fee may apply.

Hardware and Software Requirements to Access and Retain Electronic Information

In order to access and retain electronic records you must have

(i) a personal computer or other device which is capable of accessing the Internet.

Updating Contact Information and Withdrawal of Electronic Acceptance

- You may always update your contact information by contacting District 742 320-253-9333.
- If you choose to proceed with the use of electronic records please note that you may withdraw your consent to the records being provided or made available in an electronic form at a later time by contacting District 742 320-253-9333.

Consent to Electronic Records

Do you agree to conduct the background screening process electronically through District 742 ?

Your name and today's date will auto-fill below, enter the last four digits of your SSN and draw your signature with your mouse. You'll only have to draw it once. Select "I Agree" and then **Submit**.

First Name:* TEST

Middle Name:

Last Name: TESTER

Date(mm/dd/yyyy):* 3/24/2022

Enter the last 4 digits of your Social Security Number
(or Government ID if you do not have a SS#) *

Draw your signature*

Signature Clear

I Agree I Don't Agree

By selecting 'I Don't Agree' your application may be delayed or canceled.

Print / Save **Submit**

Read through the **Disclosure Regarding Background Investigation**. Check the yellow box.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("District 742") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by The McDowell Agency, Inc. at Tel: (651) 644-3880, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby consent to your obtaining the above information from The McDowell Agency, Inc. 1101 N. Snelling Avenue, St. Paul, MN 55108, Tel: (651) 644-3880, <http://www.mcdowellagency.com>. I understand to aid in the proper identification of my records personal identifiers as well as other information, is necessary.

I understand that I am being provided the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681.

This Disclosure and Authorization form, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company.

By checking this box, I affirm that I have read and agree to the Disclosure Regarding Background Investigation.*

Approve of your signature and click **Submit**.

First Name:*

TEST

Middle Name:

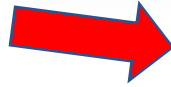
Last Name:

TESTER

Date (mm/dd/yyyy):*

3/24/2022

TEST+



I approve the use of my signature.*

I Agree I Don't Agree

By selecting 'I Don't Agree' your application may be delayed or canceled.

Print / Save Disclosure

Submit

Read through the **Authorization for Background Investigation** section and check the yellow box.

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company, "The McDowell Agency, Inc. 1101 N. Snelling Avenue, St. Paul, MN 55108, Tel: (651) 644-3880" at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by The McDowell Agency, Inc. 1101 N. Snelling Avenue, St. Paul, MN 55108, Tel: (651) 644-3880, another outside organization acting on behalf of the Company, and/or the Company itself. I understand that by agreeing below, that I am signing the Authorization form directing the background check as described in the disclosure.

By checking this box, I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and throughout my tenure, as applicable.*

Approve of your signature and click **Submit**.

First Name:*

TEST

Middle Name:

Last Name:

TESTER

Date (mm/dd/yyyy):*

3/24/2022

TESTER

I approve the use of my signature.*

I Agree I Don't Agree

By selecting 'I Don't Agree' your application may be delayed or canceled.

Print / Save Disclosure

Submit

Read through the **Summary of Rights** section and check the yellow box.

Summary Of Rights

Para informacion en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, D. C. 20552.

[A Summary of Your Rights Under the Fair Credit Reporting Act](#)

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment—or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

By checking this box, I affirm that I have received my FCRA Summary of Rights Above.*


Approve of your signature and click **Submit**.

First Name:*

Middle Name:

Last Name:

Date (mm/dd/yyyy):*



I approve the use of my signature.*

I Agree I Don't Agree

By selecting 'I Don't Agree' your application may be delayed or canceled.

Read through the **Notices**. You can request a copy of your consumer report on this page by checking the box.

CALIFORNIA, MASSACHUSETTS, MINNESOTA and OKLAHOMA Applicants, employees or volunteers only:
Please check this box if you would like to receive a copy of a consumer report, free of charge, if one is obtained by the Company.

Check the yellow box to confirm you've read the above notices.

By checking this box, I affirm that I have read the State Notices Above.*

Approve of your signature and click **Submit**.

First Name:* TEST
Middle Name:
Last Name: TESTER
Date (mm/dd/yyyy):* 3/24/2022

TESTER



I approve the use of my signature.*

I Agree I Don't Agree

By selecting 'I Don't Agree' your application may be delayed or canceled.

Print / Save Disclosure

Submit

Enter your **Personal Information** and click **Next**.

Your name will auto-fill. Everything marked with a red asterisk (*) is required.

PERSONAL INFORMATION SECTION

*Please complete the entire application. All fields with * are required.*

Name : TEST TESTER

Current Address * :

City * :

State * :

Zip * :

Home Phone * :

Work Phone :

Cell Phone :

E-mail Address * :

Next


Fill out any **Aliases** (maiden names, etc.) you have used and click **Next**.


Have you ever used a different name? (Maiden name, etc.) If so please list any and all former name(s):

| Last Name: | First: | Middle: | |
|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Previous **Next**

Enter your Social Security Number and Date of Birth. If you have any additional forms you'd like to upload, you can do that here as well. Click Next.

 Social Security Number * :

 Date of Birth * :

DOCUMENT MANAGEMENT

Please click the "Browse" button below to browse for the file that you would like to attach to this order. Note: You are required to select at least one valid file and enter an associated description to successfully complete the attachment process and submit the form. If you decide not to attach a file at this time you can click the "Return to Complete your request" link below.

[Click Here to Upload Files Associated with this Applicant](#)

[◀ Previous](#) [Next ▶](#)

Read through the **Certification**, approve of your signature, enter the last four digits of your SSN and click **I Agree/Submit**. Only click submit once, clicking multiple times may result in multiple requests.

CERTIFICATION

CERTIFICATION


I certify that all statements made on this application are true and that I have not knowingly withheld any fact or circumstance.

I authorize the investigation of all statements contained in this application and the further investigation of any information required to determine my qualifications for the positions for which I am applying.

I authorize former employers, schools and other references to release any information required to determine my qualifications for the positions for which I am applying and hereby release all information. I waive any right to receive any written notice from this organization or former employers that such information has been released.

I fully understand that misrepresentation or omission of facts or circumstances will be sufficient for the cancellation of my consideration for employment or cause for dismissal if I have been employed.

I understand and agree that any offer of employment is a conditional offer and that a conditional offeree is not an employee unless and until a conditional offer of employment is confirmed. I further understand and agree that if I am made a conditional offer of employment, I may be required to submit to a physical examination. I agree that if at any time prior to joining this organization, if any reference or report is obtained which is considered to be unsatisfactory, this organization reserves the right to withdraw any offer of employment.



I approve the use of my signature.

Date *:

Enter the last 4 digits of your Social Security Number
(or Government ID if you do not have a SS#) *:

You should receive a confirmation page – keep a copy of this for your records. If you do not receive one, please contact The McDowell Agency, Inc. before trying to submit again.