



Waseca Public Schools Volunteer Background Check Instructions

****Please read the entire set of instructions before logging in.****

THE MCDOWELL AGENCY, INC
background screening

- ☐ Click on this link to start the Volunteer Background Check!
https://secure.mcdowellagency.com/escreening/OApp_LoginEntrance.asp?mode=direct&code=OTS321
- ☐ Enter your First Name, Last Name, and Email.

Online Authorization Process

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 Step 2 of 7 which is the 'Welcome' and the 'ESIGN Act Disclosure and Consent'. Check the box in yellow that states you "...agree to conduct the background screening process electronically through Waseca Public Schools VOL *NO CC*?"

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Welcome TEST TEST

Step 2 of 7

Thank you for your interest in our company. So that we can process your application without delay, please complete the following steps:

1: Electronic Signature Confirmation

For your ease and convenience and to expedite the application process, we have made our application and/or our Disclosure and Authorization to perform a background check available for completion online. Accordingly, you will be asked to confirm your ability to sign and submit the application and other necessary information pertaining to your application electronically. If you do not wish to complete and sign the application electronically, you will be given the opportunity to print it out and submit it via fax or mail.

2: Disclosure and Authorization for a Background Check

In connection with your application for employment, you will be required to undergo a background check. As part of the application process, you will be asked to complete and electronically sign a disclosure and authorization allowing the company to contract with a third party consumer reporting agency, The McDowell Agency, Inc., to conduct specific checks about your background.

3: Completion of the Employment Application (if applicable)

You will be asked to fully complete the Employment Application to the best of your knowledge. Failure to complete all parts of the application will result in a delay in processing and/or rejection of the application.

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 Waseca Public Schools LMP prepay CC. 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 Waseca Public Schools LMP prepay CC 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 Waseca Public Schools LMP prepay CC 507-835-2500 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 Waseca Public Schools LMP prepay CC 507-835-2500. 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

- 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 Waseca Public Schools LMP prepay CC 507-835-2500.
- 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 Waseca Public Schools LMP prepay CC 507-835-2500.

Consent to Electronic Records

☐ Do you agree to conduct the background screening process electronically through Waseca Public Schools LMP prepay CC ?

- ☐ Enter the last 4 digits of your Social Security Number (or Government ID if you do not have a SS#), type in your signature, and make sure the circle “I Agree” is shaded green. Then click ‘Submit’.

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First Name: * TEST

Middle Name: *

Last Name: * TEST

Date(mm/dd/yyyy): * 3/3/2025

Enter the last 4 digits of your Social Security Number (or Government ID if you do not have a SS#) * 9764

Candidate's/Applicant's Signature : * TEST TEST

☒ I Agree ☐ I Don't Agree

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

Print / Save Submit

This system is for authorized users only. All activities on this system may be monitored and/or recorded by The McDowell Agency, Inc.'s security personnel. Unauthorized use is strictly prohibited.

- ☐ Read Step 3 of 7 which is the ‘Disclosure Regarding Background Investigation.’ Check the box that you “...affirm that” you “have read and agree to the Disclosure Regarding Background Investigation.” Make sure ‘I Agree’ is shaded green and click ‘Submit.’

DISCLOSURE Step 3 of 7

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("Waseca Public Schools EMP prepay CC") 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. 101 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 1681-1681i.

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.*

SIGNATURE

I understand that my Electronic Signatures will be binding as though I had physically signed these documents by hand. I agree that a printout of this authorization may be accepted with the same authority as the original.

First Name: * TEST

Middle Name: *

Last Name: * TEST

Date (mm/dd/yyyy): * 3/3/2025

Candidate's/Applicant's Signature : * TEST TEST

☒ I Agree ☐ I Don't Agree

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

Print / Save Disclosure Submit

This system is for authorized users only. All activities on this system may be monitored and/or recorded by The McDowell Agency, Inc.'s security personnel. Unauthorized use is strictly prohibited.

- ☐ Read Step 4 of 7 which is the “Authorization for Background Investigation.” Check the box that you “...hereby authorize the obtaining of “consumer reports” and/or “investigation consumer reports” at any time after receipt of this authorization and throughout” your “...employment, as applicable.” Make sure “I Agree” is shaded green and click ‘Submit.’



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AUTHORIZATION

Step 4 of 7

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

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 employment, as applicable.*

SIGNATURE

I understand that my Electronic Signatures will be binding as though I had physically signed these documents by hand. I agree that a printout of this authorization may be accepted with the same authority as the original.

First Name:*

TEST

Middle Name:

Last Name:

TEST

Date (mm/dd/yyyy):*

3/3/2025

Candidate's/Applicant's Signature:*

TEST TEST

☒ I Agree ☐ I Don't Agree

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

Print / Save Authorization

Submit

This system is for authorized users only. All activities on this system may be monitored and/or recorded by The McDowell Agency, Inc.'s security personnel. Unauthorized use is strictly prohibited.

- Read Step 5 of 7 which is the “Summary of Rights.” Check the box that you “...affirm that” you “...have received” your “...FCRA Summary of Rights Above.” Make sure ‘I Agree’ is shaded green and click ‘Submit’.

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Step 5 of 7

SUMMARY OF RIGHTS

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

Summary Of Rights

For information on e-signature, visit www.consumerfinance.gov/learnmore or write to Consumer Financial Protection Bureau, 1700 G Street NW, 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 NW, 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.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the

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

SIGNATURE

I understand that my electronic Signature will be binding as though I had physically signed these documents by hand. I agree that a printout of this authorization may be accepted with the same authority as the original.

First Name*

Middle Name

Last Name

Date (mm/dd/yyyy)*

Candidate's/Applicant's Signature *

TEST

TEST

3/3/2025

TEST TEST

☒ I Agree ☐ I Don't Agree

By selecting "I Don't Agree" your application for employment will be delayed or canceled.

Print / Save Summary of Rights

Submit

This system is for authorized users only. All activities on this system may be monitored and/or recorded by the system administrator. The use of this system by unauthorized personnel is strictly prohibited.

- ☐ Read Step 6 of 7 which is the “Notices”. Check the box that states “California, Massachusetts,” etc., if you would like to obtain a copy of your consumer report. Otherwise check the box in yellow that states you “...affirm that” you “...have read the State Notices Above.” Make sure “I Agree” is shaded green and click submit.

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CALIFORNIA Applicants or employees only

By signing below you also acknowledge receipt of the [NOTICE REGARDING BACKGROUND INVESTIGATION and USE OF CREDIT INFORMATION PURSUANT TO CALIFORNIA LAW.](#)

☐ **CALIFORNIA, MASSACHUSETTS, MINNESOTA and OKLAHOMA Applicants or employees 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.

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

SIGNATURE

I understand that my Electronic Signatures will be binding as though I had physically signed these documents by hand. I agree that a printout of this authorization may be accepted with the same authority as the original.

First Name:*

TEST

Middle Name:

Last Name:

TEST

Date(mm/dd/yyyy):*

3/3/2025

Candidate's/Applicant's Signature :*

TEST TEST

☒ I Agree ☐ I Don't Agree

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

Submit

This system is for authorized users only. All activities on this system may be monitored and/or recorded by The McDowell Agency, Inc.'s security personnel. Unauthorized use is strictly prohibited.

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It will then take you to the next tab “Confidential Background Information”. Please enter in your “Gender” and “Race” and any other names you have used (maiden name, etc.). Then select “Next”.

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Personal Information

Confidential Background Information

Agreement

BACKGROUND INFO COLLECTION (Pre-employment)

The following information is being solicited for the purposes of conducting a background check in connection with your application employment with Waseca Public Schools TMP prepay CC. This information is not provided to Waseca Public Schools TMP prepay CC recruiters or hiring managers and is for identification purposes only. This information is suppressed from your application and is only provided electronically to The McDowell Agency, Inc., a Consumer Reporting Agency, when a background check is requested in conjunction with a pre- or post- job offer.

First Name *

TEST

Middle Name :

Last Name *

TEST

Gender *

Race *

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

Last Name:	First:	Middle:

Previous

Next

It will then take you to the next tab which is “PII”. Here you will enter in your Social Security Number and Date of Birth. Then select “Next”.

Online Authorization Process

Background Check Information Step 7 of 7

Personal Information Confidential Background Information **PII** Agreement

Social Security Number * : 776 77 6776

Date of Birth * : 01/01/1981

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Print this Application

I Disagree I Agree / Submit

Then it will take you to the final tab “Agreement”. Read the certification and enter in the last 4 digits of your social security number and then select "I Agree/Submit”.

Online Authorization Process

Background Check Information Step 7 of 7

Personal Information Confidential Background Information PII **Agreement**

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.

Candidate's/Applicant's Signature * : TEST TEST

Date * : 3/3/2025

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

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Print this Application

I Disagree **I Agree / Submit**

- You will receive an email with your confirmation number. Human Resources will be in contact with you as soon as your results come through.