



Background Check Processing

Candidate Entry



Background Check – Candidate Entry

Scroll to the bottom of the page

Online Authorization Process

Step 1 of

Welcome Ryan McBride

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, Risk Mitigation Services, 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.

ELECTRONIC SIGNATURE CONFIRMATION

You have been authorized to complete online documents in connection with your application employment . During this process, you will be asked to "sign" one or more of the online documents with an Electronic Signature. Please read the following carefully regarding the Electronic Signature process.

To sign a document electronically, type in your name and click both the "I Agree" button and the "Submit" button appearing at the bottom of the document. NOTE: Your Electronic Signature will not be applied to the document until you correctly complete all of these steps.

If you do not agree to sign the document electronically, click the "I do not agree" button.

When you have completed each document that requires your Electronic Signature, you may use your browser to view, print, or download the document before you sign it and/or after you sign it. Once all of the documents have been completed and signed, you may also view, download or print the complete, signed documents by clicking the "Print/Save" button on this page. You may also contact University of Oregon at 5413462343 for a free copy of your application documents. Proper identification will be required.

Once the signature process is completed, your Electronic Signature will be binding as if you had physically signed hard-copies of the document by hand.

If you believe you are unable to provide your signature in an electronic format, contact the company directly to complete in a paper or non-electronic format. Please note that delays are possible if the process is completed in a paper/non-electronic format.

If at any point you would like to withdraw your consent for your Electronic Signature, or if you need to update information needed to contact



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At the bottom of the page:

1. The last four digits of your SSN or government ID
Note: enter "9999" if you do not have an SSN or government ID
2. Type your name in the signature box
3. Click "I agree"
4. Click "submit"

that I am electronically signing this Consent. I also understand that when I am asked to sign other documents in connection with my application on this website, I will use the same process to electronically sign such documents.

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

Name: *

First:

Middle:

Last:

Date: * mm/dd/yyyy

Enter the last 4 digits of your Social Security Number (or Government ID if you do not have a SS#) * : ← **1**

Candidate's/Applicant's Signature * : ← **2**

I Agree I Don't Agree

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

← **4**

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



Background Check – Candidate Entry

1. Review the Disclosure and check the box
2. Click “submit”

Online Authorization Process

Step 1 of

DISCLOSURE

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("University of Oregon") 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 Risk Mitigation Services, Inc. at Phone 866.383.1180, 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

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.

Name: *

First: Ryan

Middle:

Last: McBride

Date: * mm/dd/yyyy 1/26/2018

Candidate's/Applicant's Signature * : Ryan McBride

I Agree I Don't Agree

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

Print / Save Disclosure

Submit





Background Check – Candidate Entry

1. Review the Authorization and check the box
2. Click “submit”

Online Authorization Process

Step 1 of

AUTHORIZATION

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

AUTHORIZATION CONSENT FOR BACKGROUND INVESTIGATION

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

As part of its employment process, the University of Oregon routinely obtains consumer reports and/or credit information on applicants and employees. The information contained in these reports may be used to deny an individual employment, continued employment, or promotion with the University of Oregon.

I, the undersigned consumer, do hereby authorize the University of Oregon, by and through an independent contractor (Risk Mitigation Services, Inc.), to procure a consumer report and/or investigative consumer report on me. These above-mentioned reports may include, but are not limited to: my driving history; education; employment history; social security number verification; criminal history/records; national sex offender database; and/or any other public record. I further authorize The University of Alabama to obtain electronic fingerprints (if requested) on me for purposes of obtaining a consumer report and/or investigative consumer report on me.

By checking this box, I hereby authorize the obtaining of "consumer reports" and/ "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.

Name: *

First:

Middle:

Last:

Date: * mm/dd/yyyy

Candidate's/Applicant's Signature * :

I Agree I Don't Agree

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

2



Background Check – Candidate Entry

1. Review the Summary of Rights and check the box
2. Click “submit”



Online Authorization Process

Step 1 of

SUMMARY OF RIGHTS

IMPORTANT— PLEASE READ CAREFULLY BEFORE SIGNING

Summary Of Rights

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe 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

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

Name: *

First:

Middle:

Last:

Date: * mm/dd/yyyy

Candidate's/Applicant's Signature * :

I Agree I Don't Agree

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

Summary Of Rights





Background Check – Candidate Entry

1. Review the State Notices and check the box
2. Click “submit”

Online Authorization Process

Step 1 of 1

NOTICES

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

Notices

STATE NOTICES

NEW YORK Applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting Risk Mitigation Services, Inc., P.O. Box 2129 Muscle Shoals, AL 35662, Phone: Phone 888.383.1180.

NEW YORK Applicants or employees only: By signing below, you acknowledge receipt of [Article 23-A](#) of the New York Correction Law.

WASHINGTON Applicants or employees only: You have the right to request from Risk Mitigation Services, Inc. a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. For your convenience, you may also find a copy [here](#).

NEW JERSEY Applicants or employees only: You have the right to request from Risk Mitigation Services, Inc. a written summary of your rights and remedies under the New Jersey Fair Credit Reporting Act. For your convenience, you may also find a copy [here](#).

CALIFORNIA Applicants or employees only: By signing below you also acknowledge receipt of the [NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW](#). Under California law you are entitled to visually inspect all files maintained about you by an investigative consumer reporting agency, ("ICRA"), such as Risk Mitigation Services, Inc., upon request. Please read the attached document for more information about your rights.

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.

Name: *

First: Ryan

Middle:

Last: McBride

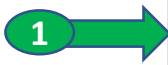
Date: * mm/dd/yyyy 1/26/2018

Candidate's/Applicant's Signature * : Ryan McBride

I Agree I Don't Agree

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

Submit





Background Check – Candidate Entry

1. Enter your current address, city, state, zip code, home phone number and email address.

Note: Some of this information will be automatically filled in for MyTrack applicants.

If you do not have a US address, enter the following:

*1585 East 13th Ave
Eugene, OR 97403*

If you do not have a US home phone number, please enter:

999-999-9999

2. Click “yes” or “no” to indicate whether or not you are a current University of Oregon Employee.

Note: If yes, enter your 9 digit UO identification number.

3. Click “yes” or “no” to indicate if you have lived outside of the United States within the past seven years, and if “yes” provide the requested information.

Note: Only indicate “yes” if you have held a mailing address in another country for at least 90 days. You do not need to indicate “yes” if you have lived in another country on an extended vacation or on a study-abroad program. If you are still not sure what to indicate here, please email backgroundcheck@uoregon.edu for further assistance.

Online Authorization Process

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Background Check Information

Click for help: ?

University of Oregon is an Equal Opportunity Employer. No employee or applicant will be discriminated against because of race, color, religion, age, national origin, sex, disability, marital status, veterans' status or the presence of a non-job related medical condition or disability or any other legally protected status in compliance with federal and state equal employment opportunity laws. (Note: The employer is exempt from the religious provision of the Civil Rights Act of 1964 if employer is a religious organization, per Title VII.) This authorization is valid only for the position listed. Please note the following information will be used by Risk Mitigation Services, Inc., a consumer reporting agency, for background screening purposes only.

Position Applied For
Position: U01
Job Description: STANDARD
1/26/2018

PERSONAL INFORMATION SECTION

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

Name: Ryan McBride

1 → Current Address * :

City * : State * : Zip * :

Home Phone * : (000-000-0000)

Work Phone: (000-000-0000)

Cell Phone: (000-000-0000)

E-mail Address * :

2 → Are you a current University of Oregon employee? * Yes No

If yes, please provide your 95#:

3 → Have you lived outside the United States within the past seven (7) years? * Yes No

If YES, please provide the following information:
Government Issues ID# (India excluded) and Full Resident Address (IMPORTANT NOTE: Please enter 999-99-9999 in the SSN field below if you do not have a U.S. issued social security number).

[Help](#)

BACKGROUND INFO COLLECTION ONLY (CONFIDENTIAL!)



Background Check – Candidate Entry

1. Enter your social security number, date of birth, and gender.

Note: If you do not have a social security number, please enter 999-99-9999.

2. Enter any names you have previously used.

not have a U.S. issued social security number). [Help](#)

BACKGROUND INFO COLLECTION ONLY (CONFIDENTIAL!)

The following information is being solicited for the purposes of conducting a background check in connection with your application with University of Oregon. This information is not provided to University of Oregon recruiters or hiring managers and is for identification purposes only. This information is suppressed from your application and is only provided electronically to Risk Mitigation Services, Inc., a Consumer Reporting Agency, when a background check is requested in conjunction with a pre- or post- job offer.

First Name * :

Middle Name:

Last Name * :

Social Security Number * : - -

Date of Birth * :

Gender * :

Have you ever used a different name? (Maiden name, etc.)

If so please list any and all (Last Name, First, Middle)

Last Name:	First:	Middle:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>

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/volunteer service or, if I have been employed, cause for discipline up to and including termination.

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 formal notice of appointment 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 if one is required for the position for which I have been considered. I agree that if at any time prior to joining this organization, if any reference or report is obtained which is considered to be



Background Check – Candidate Entry

1. Enter the last 4 digits of your social security number
2. Click the “I Agree/ Submit” button.

Note: This is also a convenient place to print out a full copy of your application for your own records by clicking the “Print this Application” button.

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/volunteer service or, if I have been employed, cause for discipline up to and including termination.

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 formal notice of appointment 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 if one is required for the position for which I have been considered. 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 * :

Date * : (mm/dd/yyyy)

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

1

2

