

**XtdForce** Amazon Contingent Workforce (ACW) User Guide for Vendors

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### Introduction

This guide provides you with key information for using the First Advantage XtdForce system for the most frequently used vendor features: Ordering background reports and managing users.

If you need assistance, please contact the First Advantage customer support team by telephone or email:

### 866-285-5820 acw.xtdforce@fadv.com

### **Business Validation**

After you've successfully registered for an account, your company will go through First Advantage's credentialing process to validate your business. Amazon requires all vendors to have access to view full report results, and in order to gain access, you must successfully complete the credentialing process. If the credentialing process is not completed, you will be unable to view the report results for the orders you've placed.

During the credentialing process, you may be contacted by a Credentialing Analyst, so please be sure to respond as soon as possible. The analyst may have questions about your company and/or information to provide regarding the need for a site inspection. The site inspection is conducted using a mobile app called Get Verified, and it can be completed within 10-15 minutes.

If you have any questions about the credentialing process, please reach out to your Credentialing Analyst or you may email <u>cred@fadv.com</u>.

### **Registering a New Vendor Account**

To access the XtdForce system, enter the URL provided by First Advantage - <u>https://ca.fadv.com/CA/ACW</u> Please note that the URL is case-sensitive; that is, you must enter lower case and capital letters exactly as shown in your notification. For future use, please bookmark or add the URL to Favorites.

Before you begin using the system, you must register your account.

Use the following procedure to register as a service provider.

1. Select the hyperlink 'Click here to register' to complete the registration as a Service Provider.

User ID	
Password	
Log In 🕨	
Forgot Password	
_	
lick here to register	

2. Create a User ID, Password, and Secret Question and Answer. Complete the other sections of the registration form.

Note: Required fields are indicated by an asterisk (\*).

3. Enter your **Business Information**. In the top section of the form.

F	irst Advantage®	Technical Support at 1-866-237-2135
Please complete the information below for consideration If you have already registered and do not remember your user id and password, DO N	Vendor Registration	ogging in, contact Customer and Technical Support at 1-866-237-2135.
Service Provider Profile		
* Create Your User ID * Password * Re-Enter Password	8 to 30 characters in Password rules	length (A-Z, a-z, 0-9)
* Secret Question * Secret Answer	Select:	
Business Information		
* Country	UNITED STATES	~
* Legal Business Name		]
Doing Business As		
* Type of Business	Select:	
Ownership Info	(Required if Owners)	nip is of type Other)
SSN		
* Address 1 Address 2		(The location where you will access your background screens)
Address 2 * City		
* State/Province	Select:	
* Zip/Pin Code	· · · · · · · · · · · · · · · · · · ·	
* Phone Number		
* Employment Purpose (check all that apply):	Pre/Post Employment Volunteer Co	ontractor
* Business Description		

4. In the **Business Questionnaire** section, enter the Amazon Contact Email Address and choose from the Amazon Business dropdown.

Business Questionnaire	
* Amazon Contact Email Address * Amazon Business	

- 5. In the **Primary Contact Information** section, enter the information for the person at <u>your</u> firm who will be the primary contact for screening activities. Note that a valid email address is required for the primary contact.
- 6. In the **Billing Contact Information** select the checkbox for 'Use same as Business Contact Information' if it is the same or enter the appropriate billing information.
- 7. Enter Secondary Contact Information if applicable for your business.
- 8. Review the registration information to verify its accuracy. If all information is correct, click **Next** to continue.

Primary Contact Information	
* Country	UNITED STATES
* Legal First Name	
Middle Name	
* Legal Last Name	
* Do you have a middle name and will you provide it?	⊖ Yes⊖ No
Suffix (Jr., II, etc.)	
* Title	
* Phone Number	e.g., 5555551234
Phone Number Ext	
Fax Number	e.g., 5555551234
* E-mail	
** If you do not have an e-mail address	, you need to setup an account. Free e-mail is available from: Hotmail or Yahoo
Billing Contact Information Use san	ne as Business Contact Information
* Country	UNITED STATES
* Address 1	
Address 2	
* City	
* State/Province	Select:
* Zip/Pin Code	
*First Name	
Middle Name	
*Last Name	
Suffix (Jr., II, etc.)	
* E-mail	
Secondary Contact Information	
I have another contact that First Advantage should reach out to for verifying my business.	⊃ Yes <sup>●</sup> No
	NEXT

9. Read the First Advantage Screening Agreement. You will need to scroll to read the complete agreement.

	First Advantage®	Technical Support at 1-866-237-2135
	This Automageo	
Agreements		
	ore we can allow you to access this website. Some agreements are require	ed before we can credential your account and provide confidential data to your
users.		
	FIRST ADVANTAGE ENTERPRISE SCREENING CORPORA CTOR PROGRAM BACKGROUND SCREENING SERVICES	
This Contractor Program Background Screening Services Agreement (the Concourse Parkway NE, Suite 200, Atlanta, GA 30328 ("Service Provider"	"Agreement") by and between First Advantage Enterprise Screening Corp ") and the undersigned ("Client").	poration, a Delaware corporation, with its principal place of business at 1
Reporting Act 15 USC 1681 et. seq. (FCRA) including but not limited to: contractor (Fmsp)owner Purposes). Cleint as part of the contractor prog screening process established with Service Provider by a sponser compa sociated with that Sponsor's acreening program. Reports contain the in unless such arrest record is part of a pending compa action and will only USC and the term of this Accements that Beach on the Effective Date 2. Term. The term of this Accements that Beach on the terms	pram certifies that Client will order and use Reports for Employment Purpos my (the "Sponsor") utilizing or engaging Client for its services, the backgrou information listed on Service Provider's online portal (the "Services"). Servic provide search results as permitted under applicable laws. Client may also	ion, reassignment, or retention as an employee, volunteer or as an independent se only and for no other purpose. As a contractor invited participate in a und screening services provided herein for the Cleart will be identified as os Provider does not provide or nuclead way arrent noted information in Reports request Services the Contemport and the second service and the second memory of administration of the second second second second second memory and second second of the selvel (12) months (Rememory Term), unless
ELECTRONIC SIGNATURE		
	execute the agreement(s) presented to me (which may consist of agreeme ritten signatures for the purposes of validity, enforceability, and admissibility	ents, addenda, exhibits, or other attachments). I understand and agree that the y.
Right to Entering into Agreement in Non-Electronic Form I understand that I have the right to agree or provide authorization on pape clicking print on the documentation that will be emailed to me.	er and to execute any agreement or provide authorization by handwritten sig	gnature. In order to obtain the documents in paper form I can print by me by
In order to continue with this solution you would need to agree to our terms	s electronically online, but if you would like to enter into a paper version of t	the agreement for a different platform please contact us at 866.237.2135.
	nic signature at any time. If I decide at any point to withdraw my consent to ability of any form e-signed by me prior to the implementation of my reques afform and will contact First Advantage at 866.237.2135.	
Requesting a Paper Copy of Any Electronically-Signed Document Upon request, I may obtain a paper copy of any document electronically sig	igned by me by clicking print on the documentation that will be emailed to m	ne.
* Electronic Signature Sign Below:		

10. Provide your electronic signature and click **I Agree** to complete the registration process.

#### XtdForce: Vendor User Guide

ELECTRONIC SIGNATURE
Consent to Use Electronic Signature By signing below, hereby consent to the use of my electronic signature to execute the agreement(s) presented to me (which may consist of agreements, addenda, exhibits, or other attachments). I understand and agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes viruling's enclosed by viruling's enclosed by a signature to execute the agreement(s) presented to me (which may consist of agreements, addenda, exhibits, or other attachments). I understand and agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes viruling's enclosed by a signature of the same as handwritten signatures to the same as handwritten signatures appearing on the same as handwritten signatures appeared as the same as handwritten signatures appearing on the same as handwritten signatures appearing on the same as handwritten signatures appearing on the same as handwritten signatures appeared as the same as the same as handwritten signatures appeared as the same as handwritten signatures appeared
Right to Entering into Agreement in Non-Electronic Form I understand that I have the right to agree or provide authorization on paper and to execute any agreement or provide authorization by handwritten signature. In order to obtain the documents in paper form I can print by me by clicking print on the documentation that will be emailed to me.
In order to continue with this solution you would need to agree to our terms electronically online, but if you would like to enter into a paper version of the agreement for a different platform please contact us at 866.237.2135.
Withdrawing My Consent and Updating Information Understand that The We fight to withdraw my consent to use an electronic signature at any time. If I decide at any point to withdraw my consent to provide an electronic signature, Lunderstand that I we the right to withdraw my consent to use an electronic signature, Lunderstand that I we the right to withdraw my consent to use and electronic signature, Lunderstand that I we the right to withdraw my consent to use and electronic signature, Lunderstand that I will need to awake to a different platform and will contact First Advantage at 866 237 2135.
Requesting a Paper Copy of Any Electronically-Signed Document Upon request, I may obtain a paper copy of any document electronically signed by me by clicking print on the documentation that will be emailed to me.
* Einchnoic Signature Sign Below:
John and
Clear Carvas i So viectoricito si sonna this you acknowledge that your on-line consent if requivalent to a binding legal signature.
Today's Date 06055/220
1 AGREE

Once you have confirmed your registration information, the system shows a message that you have registered successfully, which includes a transaction number for reference. The system also sends you an email confirmation.

### Logging In

To access the XtdForce site after initial registration, use the same URL as you did to register.

- 1. Enter the user ID and password you created during registration and click LOGIN.
- 2. On your first visit only, you must accept the legal agreement before proceeding to the site. Read the agreement carefully. If you accept the terms, click **ACCEPT LEGAL AGREEMENT.**

First Advantage®	Technical Support at 1-866-237-2135
Vendor hereby represents and warrants to First Advantage WorkPlace Solutions Inc. ("First Advantage") that:	
It shall use and order consumer reports for employment purposes only.	
<ul> <li>In compliance with the Federal Fair Credit Reporting Act, Vendor has made a clear and conspicuous disclosure in writil ordered from First Advantage in a document that consists solely of the disclosure that a consumer report may be procur under the "people" tab within the Vendor Screen application.</li> </ul>	
<ul> <li>Vendor will have the consumer authorize in writing the procurement of all consumer reports and shall retain the authori consumer report in violation of any applicable deral or state equal employment opportunity law or regulation. The fede including a fine, up to two years in prison af both against - anyone who knowingly and willfully obtains information on a pretenses, and other penalties for anyone who obtains such consumer information without a permissible purpose.</li> </ul>	ral Fair Credit Reporting Act imposes criminal penalties -
ACCEPT LEGAL AGREEMENT DECLINE LEGAL AGREEMENT	

3. Each time you log in, you must certify that you have complied with requirements for ordering screening reports by accepting the Fair Credit Reporting Act (FCRA) agreement. To certify that you comply with the FCRA, click **ACCEPT FCRA AGREEMENT**.

	First Advantage®	Technical Support at 1-866-237-2135
Use of available data is subject to the FCRA and other applicable I Clear and conspicuous written disclosure will be made to the cons obtained. Requestor will obtain written authorization from the con- any federal or state equal opportunity law or regulation. If request the consumer's rights will be provided to the consumer prior to tak Section 619 - 1681q. Obtaining Information Under False Pretensee pretenses shall be fined under Title 18, United States Code, impris	law. For any information used for employment umer, prior to obtaining the report, in a docume sumer which will be made available to First Adv or intends to take any adverse action based in ing adverse action. Any person who knowingly and willfully obtai	information furnished is from reliable sources, its accuracy is not guaranteed. purposes, REQUESTOR CERTIFIES THE FOLLOWING: ent that consists solely of the disclosure, that a consumer report may be vantage upon request. The information obtained will not be used in violation of whole or in part on the consumer report, a copy of the report and a summary of ins information on a consumer from a consumer reporting agency under false

The XtdForce home page displays after you have accepted the agreement(s). From the home page, you may perform these tasks:

- Add a person/employee
- Submit an order
- Search for a person/employee and view compliance
- Edit Employee Status

## Homepage

From the XtdForce homepage you will find:

- 1. Menu options to add and search for People, order backgrounds, run basic reports, and Administration features to manage your account.
- 2. Quick tips to Add an Order and Search for Results.
- 3. The Compliance Status Definitions.
- 4. Link to XtdForce Help and the Technical Support phone number.
- 5. The Compliance Dashboard with quick links to access:
  - a. People who Need an Order
    - b. Orders are In Progress
    - c. People who are Compliant
    - d. People who are Non-Compliant

	amazon First Advantage®	4Help Technical Support a	Log Out at 1-866-237-2135
1	Home > People > Report > Administration		📜 Cart (0)
2	Welcome to the Screening Website for Amazon Contingent Workforce         Ionder the "People" menu, select "Add New Person".         - Enter contractor's information and select "Save".         - Select "Begin Order Process".         - Select the appropriate screening package         To view the results:         - Go to the "People" menu option and select "Search People"         - Enter filter/search criteria (or leave blank to retrieve all people entered into the system) and select "Search"         - Ther status of the individual will be displayed within the "Compliance Status" field within the results grid at the bottom of the page         Compliance Status Definitions:         Compliant: Order has been submitted and the individual meets guidelines         Non-Compliant: Order has been submitted and the individual does not meet guidelines.         In Progress: Order has been submitted and completed.         Pending: Order has been submitted and completed.         Pending: Order has been submitted and completed.         Pending: Order is find recision.         Need to Order: The person's information has been added to the system but an order has not been submitted	t the	

### **Compliance Status Definitions**

Compliant – Order is complete, and the individual meets the guidelines. Font will be color coded green.

Non-Compliant – Order is complete, and the individual does not meet the guidelines. Font will be color coded red. In Progress – Order has been submitted but has not completed.

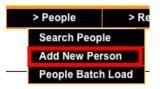
Pending – Order is complete, and the order has considerations that need to be reviewed by a program manager for a final review.

Need to Order – The person has been added to the system, but a background has not been ordered.

## Adding People

To order a background screening on an individual, you must **add** that person to the system.

1. Click the **People** tab and select **Add New Person**.



2. Enter information for the new person on the **Person Information** screen, being sure to complete all required fields (noted with an asterisk \*).

**Note:** Please provide the *Social Security Number* if you have the information, if not the candidate will provide this information when completing the candidate profile experience.

	Person Information	tion		
	Personal Information			
* Legal First Name				
Does the candidate have a middle name and will they provide it?	🔾 Yes 🖲 No			
Middle Name				
* Legal Last Name				
Suffix Name				
SSN		(Numbers Or	nly, Tax ID's will not be accepted - SSN only)	
Date of Birth	Not Required (mm/dd/yyy	y)		
* Email				
Mobile Number				
	Select:		Entrer the SSN if you have the	
User Field 1			information, if not available leav	ve
User Field 2			blank and allow the candidate t	
Vendor Locations	LOC1 - 435066D - DEFAULT	LOCATION-	supply this personally identifial	
	Position/Hire Location		information.	ole -
*Country	UNITED STATES			
*City/Municipality				
* State/Region	Select:	~		
	Current Address			
*Country	UNITED STATES		~	
*Address 1				
Address 2				
*City				
* State/Province		~		
* Zip/Pin Code	· · · · ·			

3. Make sure all information is correct and click **SAVE**. The person is immediately added to the roster.

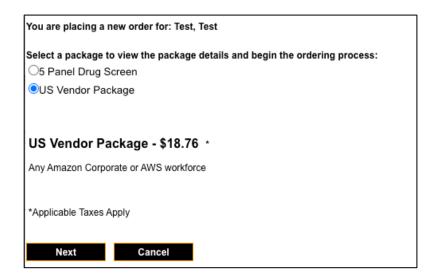
## **Submitting Orders**

1. On the Person Status Detail page, select BEGIN ORDER PROCESS.

First Name:	Test	Carrier Name: test	
Middle Name:		User Field 2:	EDIT INFORMATION
Last Name:	Test		BEGIN ORDER PROCESS
Suffix Name:			
	XXXXX3333		PRINT CONSENT FORM
Date of Birth:			
Email:			
Mobile Number:			
	Sub Contractor		
Status:			
Address 1:	- contract of the second second		
Address 2:			
City:			
State/Province:			
Zip/Pin Code:			
Country:			
	Position/Hire Location		
City/Municipality:			
State/Region:			
Country:			
country.			

The system then displays the Background Check Order Detail page.

2. Select the desired screening package. Review the package details. Click Next.



3. Enter the candidates email address for confirmation and click Next.



4. An Order Summary page will come up. You will need to **checkmark** that you Accept and Authorize for your CC to be charged. Click **Checkout**.

imary				
			and is required to charge sales tax in applicible states as provided by	law.
Last Name	Package	Price		
Test	Basic Package	\$18.76	×	
		\$0.00 USD		
		\$18.76 USD		
ept" below I hereby, a	authorize and request First A	dvantage to charge my credit ca	ard,	
	,			
ıt	Continue Ordering			
	t (yel) pass First Advant n 10/29/2018, First Adv Last Name Test Test ept" below I hereby, a r balances due for se ted to the services. T	t (yet) pass First Advantage credentialing, you will not 1 m 10/29/2018, First Advantage needs to ensure that it of Last Name Package Test Basic Package Test Basic Package	t (yet) pass First Advantage credentialing, you will not be able to see the detailed results. In 10/29/2018, First Advantage needs to ensure that it complies with sales tax legislations of Last Name Package Price Test Basic Package \$18.76 \$0.00 USD \$18.76 USD Package Started USD \$18.76 USD Package Price \$18.76 USD	t (yet) pass First Advantage credentialing, you will not be able to see the detailed results. In 10/29/2018, First Advantage needs to ensure that it complies with sales tax legislations and is required to charge sales tax in applicible states as provided by Last Name Package Price Test Basic Package \$18.76 X \$0.00 USD \$18.76 USD rept" below I hereby, authorize and request First Advantage to charge my credit card, r balances due for services rendered which may include later incurred additional court ted to be services. This authorization will remain in effect for a period of 90 days.

5. Select your Payment Method below.

Please enter your method of payment be	low:
Total :	\$ 18.76
Order Total :	\$ 18.76
Taxes :	\$ 0.00
Payment Method	Credit Card
* Card Type	Select:
* Card Number	
* CSC Number	
	The CSC (Credit Security Code) is a 3 or 4 digit code found on the back of the credit card in the signature box
* Expiration Date	Select:
*Re-use Credit Card?	Select: V
	Please note: Re-use of credit card information is restricted to the current session.
Note: * If you did not (yet) pass First Advantage credentialing, * Applicable state taxes are applied in certain locations to Order Cancel	

7. A Confirmation Screen will pop-up. This confirms that your order was placed successfully.

ORDER WAS PLACED SUCCESSFULLY	
Order Confirmation for: XtdForce™ Order Id: Service:	
Order Date:	
	PRINT

**Note:** The candidate will receive an email to complete an online profile. Once that profile is completed the background order will begin processing. The background order will not initiate until the candidate completes this step. For more information regarding the candidate profile reference the **Candidate Profile Experience** section.

## Submitting Drug Orders

1. On the Person Status Detail page, select **BEGIN ORDER PROCESS**.

	Test	Carrier Name: test	
Middle Name:		User Field 2:	EDIT INFORMATION
Last Name:	Test		BEGIN ORDER PROCESS
Suffix Name:			
	XXXXX3333		PRINT CONSENT FORM
Date of Birth:			
Email:			
Mobile Number:			
	Sub Contractor		
Status:			
Address 1:			
Address 2:			
City:			
State/Province:			
Zip/Pin Code:			
Country:			
	Position/Hire Location		
City/Municipality:			
State/Region:			
Country:			

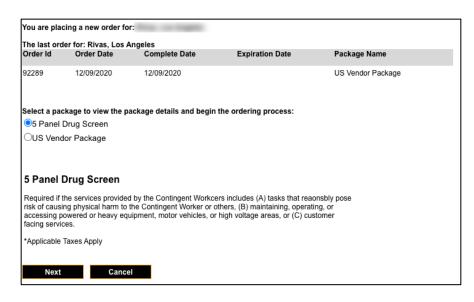
2. Select the drug package. Review the package details. Click **Next**.

You are placing a new order for: Test, Test
Select a package to view the package details and begin the ordering process:
S Panel Drug Screen     US Vendor Package
5 Panel Drug Screen
Required if the services provided by the Contingent Workers includes (A) tasks that reasonably pose risk of causing physical harm to the Contingent Worker or others. (B) maintaining, operating, or accessing powered or heavy equipment, motor vehicles, or high voltage areas, or (C) customer facing services.
*Applicable Taxes Apply
Next Cancel

3. Enter the candidates email address for confirmation and click Next.

	Person Information : requires a collection from the individual. Please enter the email address to send collection site n case the candidate/individual needs contacted. In most cases, the email address and phone ividual associated with this order.
EMAIL ADDRESS	
* Email address: * Re-enter email address: NEXT	

4. An Order Summary page will come up. You will need select the package and click Next.



5. The location scheduling screen will appear. You will need to enter the address into the field and click "**search**". This will give you the closest testing locations based on the address entered.

schedule an appo	ourse Pkwy, Atlanta, (	s or schedule an appointment at a specific collection site. To view the driving d Schedule link. All fields with an * must be filled in.	Click So	hedule once desired test	
✓ Est. Distance	Site Name	Detail	Price	Options	
0.63 miles	LabCorp - Atlanta	975 Johnson Ferry Rd NE, Atlanta, GA 30342 Phone: 404-497-0236 Hours of Operation: M-F 9am-4pm	N/A	Mar Schedule	
0.96 miles	LabCorp - Atlanta	755 Mount Vemon Hwy NE, Atlanta, GA 30328 Phone: 404-843-3170 Hours of Operation: M-F 9am-12pm, 1pm-4pm	N/A	Map   Schedule	
8.44 miles	LabCorp - Tucker	1462 Montreal Rd, Tucker, GA 30084 Phone: 770-934-6743 Hours of Operation: M-F 9am-1pm, 2pm-4pm	N/A	Map   Schedule	
9.8 miles	LabCorp - Smyrna	4425 S Cobb Dr, Smyrna, GA 30080 Phone: 770-432-9579 Hours of Operation: M-F 8am-11am, 12pm-3pm	N/A	Map   Schedule	
10.28 miles	LabCorp - Atlanta	550 Peachtree St NE, Atlanta, GA 30308 Phone: 404-523-5722	N/A	Man I Schedule	1

6. To schedule the appointment you must **click Save Schedule**.

ate a collection facility. Continue through the ordering process by selecti	ing Next at the bottom of the s	The Schedule confirmation displays site information, driving directions, a map to view or print.			
Complete the following information and click Save the Schedule to create a schedule information, driving directions, and map to view or print. The schedule confirmation is site if appointments are required (See site information box). If no site was found call Scheduling Information Offer Date 12/10/2020 . Save Schedule Expiration Date 12/12/2020 12:00:00 AM Print Change Site	<ul> <li>The schedule confirmation is emailed to the applicant if a valid email addres was entered.</li> <li>If no site was found call the National Scheduling Center to complete the schedule.</li> </ul>				
Site Information		Driving Directions			
LabCorp - Atlanta 975 Johnson Ferry Rd NE, Ste 320, Atlanta, GA 30342 Phone: 404-497-0236 (No Appointments required) Fax1: 404-497-0238 Fax2: Contact Site for Availability Trailer parking: N/A	3. Turn left at	n 98 ft toward Concourse Pkwy 299 ft the 1st cross street onto Concourse Pkwy 89 ft			
Trailer parking: N/A	➡ 4. Tum right	onto Peachtree Dunwoody Rd 0.7 mi			

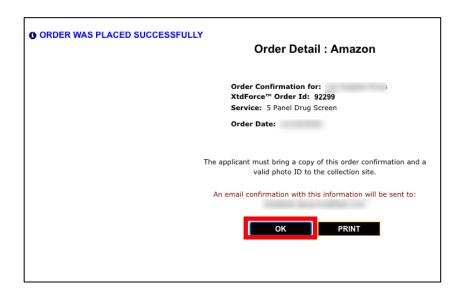
7. A confirmation screen will appear, click Next.

Person Information : AMAZON.COM INC.						
Locate a collection facility. Continue through the orde	ring process by selecting Next at the bottom of the screen.					
Schedule has been tentatively saved.						
NEXT						

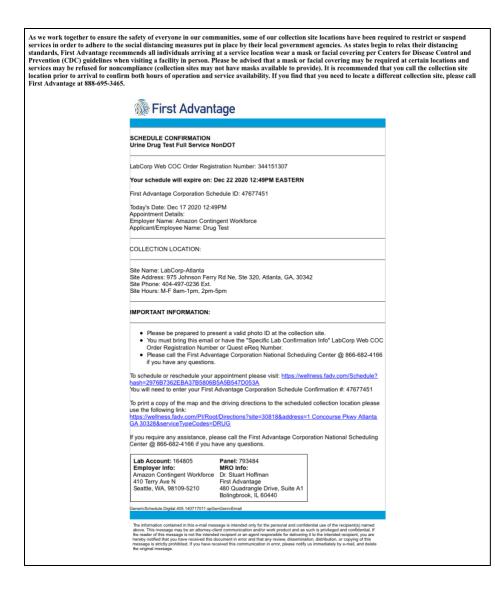
8. An Order Summary page will come up. You will need to checkmark that you Accept and Authorize, Click **Checkout.** 

ngeles Rivas 5 Panel Drug Screen \$0.00
os Angeles Rivas 5 Panel Drug Screen \$0.00 Taxes: \$0.00 US
Taxes: \$0.00 USD
Total: \$0.00 USD

9. An Order Confirmation screen will display, click OK.

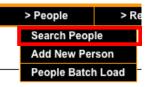


#### 10. The schedule confirmation is emailed to the applicant if a valid email address was entered.



### Searching for a Person

You may use the People Search to view compliance status of the background screening and to perform other tasks related to individuals on your roster. You may also export the search results to an Excel spreadsheet file.



- 1. Select Search People from the People tab.
- Search by entering one or more of the desired search criteria typically an individual's SSN or name. You may
  enter partial search data. You may search for multiple people based on common criteria such as Peson
  Status.
- 3. Click **SEARCH**. If you don't enter any search criteria, the system displays a complete roster of all individuals active for your account.

Search by First Name, Last Name, SSN, or any of	he fields shown below. To	search for all, leave the fields blank and click 'Searc	ch'.
Vendor Name:			
First Name:			
Last Name:			
SSN:			
GovernmentID:			
Person Status:	Select: V		
Mobile Number:			
Туре:	Select: 🗸		lana aan taha a aanaanahat
Carrier Name:			ors can take a screenshot
User Field 2:		and s	send to Amazonians when
Search By Date:	Select: V	an in	dividual shows a status of
CID:		Com	plaint.
SEARCH			

1. View the list at the bottom of the page to determine whether the individual's background report has a status of **Compliant**.

Name ≑	Case Status 🗢	SSN 🗘	Person Status ≑	Order Date ≑	Completion Date \$	Carrier Name 🗘	User Field 2	Туре ≑	GovernmentID	Mobile Number
	Submitted		Active	06/08/2020			\$	Employee		
-	PENDING APPLICANT	XXXXX7815	Active	05/13/2020		?	?	Employee		
	PENDING APPLICANT	XXXXX99999	Active	05/13/2020		?	?	Employee		
	PENDING APPLICANT	XXXXX1277	Active	05/13/2020		?	?	Employee		
	Completed	XXXXX5512	Active	05/14/2020	06/04/2020	?	?	Employee		

You can sort the results by clicking the arrows next to each heading. Note that SSNs are masked to comply with privacy requirements. If the person is not in the list, you may need to add the person to the system and submit an order.

1. To export the results list to a spreadsheet file, click on the **Excel** icon at the bottom of the page.



### Person Status Detail

Access the Person Status Detail to review order history, place new background orders and edit the person information. Follow these steps to access the Person Status Detail.

1. Select the person by clicking on the name from the results list.

Name ≑	Case Status 🗢	SSN \$	Person Status ≑	Order Date ≑	Completion Date ≑	Carrier Name ≑	User Field 2	Туре ≑	GovernmentID	Mobile Number
	Submitted		Active	06/08/2020			\$	Employee		
	PENDING APPLICANT	XXXXX7815	Active	05/13/2020		?	?	Employee		
	PENDING APPLICANT	XXXXX99999	Active	05/13/2020		?	?	Employee		
	PENDING APPLICANT	XXXXX1277	Active	05/13/2020		?	?	Employee		
	Completed	XXXXX5512	Active	05/14/2020	06/04/2020	?	?	Employee		

- 2. From the Person Status Detail, you can:
  - A. Edit person information
  - B. Place a background order
  - C. Review Order History

First Name:       User Fie       A         EDIT INFORMATION       BEGIN ORDER PROCESS         Suffix Name:       SSN:         Baskground       Carrier N: A         User Fie       A         User Fie       Date of Birth:         BEGIN ORDER PROCESS       PRINT CONSENT FORM         Date of Birth:       Type: Employee         Batus:       Active         Address 1:       Address 1:         Address 1:       Carrier N: A         Gity:       Status:         State:/Province:       City:         State/Province:       Country:         UniteD States       Country:         Vorder History       Order Date         Order Id       Order Date       Complete Date         91252       05/14/2020       06/04/2020         05/14/2020       06/04/2020       AFP Box Trucks         View Receipt       1         91252       Os/14/2020       06/04/2020         0Frider Ref Id       Service       Order Status         Tarsaza       Background       CONFIRMED       00/03/2020         Order Ref Id       Service       Order Status       Complete Date         Order Ref Id       Service						
Last Name:       SN:       BEGIN ORDER PROCESS         SN:       SN:       PRINT CONSENT FORM         Date of Birth:       Email:       PRINT CONSENT FORM         Mobile Number:       Type: Employe       Status: Active         Statu:       Actives 1:       Active         Address 2:       City:       Statu:         State/Province:       State/Province:       Country:         State/Province:       Country:       UNITED STATES         Order History       Country:       View Receipt         91250       0f/dr Date       Complete Date         Order Ref Id       Complete Date       Complete Date         0rder Ref Id       Service       Order Status       Complete Date         0rder Ref Id       Service       Order Status       Complete Date		First Name: Middle Name:			Carrier Na A	EDIT INFORMATION
Sintax Name:       SN:       PRINT CONSENT FORM         Date of Birth:       Email:       PRINT CONSENT FORM         Date of Birth:       Email:       Birth:         Email:       Type:       Employee         Status:       Acdress 1:       Address 2:         City:       State/Province:       City:         State/Province:       Country:       UNITED STATES         Position//Hire Location         City/Municipality:         State/Region:         Country:         UNITED STATES						
Order History   Order History   Order Late   Order Statue   Order Cate   Order Cate<						BEGIN ORDER PROCESS
Email:   Final:   Type:   State:   Address 1:   Address 2: -   City: -   State/Province: -   Zip/Pin Code: -   Zip/Pin Code: -   Zip/Pin Code: -   Country: Vinite States   Fostier: Fostier: State/Region: Country: Vorder History   Order Pate Order Pate   Order Ref II Serve:     Order Ref II Serve:     Order Ref II Serve:						PRINT CONSENT FORM
Nomber:   Type: Employee   State: State: State: Address 2:   Address 2:   City: State: Province:   State: State: Province: State: Province:   State: State: Province: State: Province: State: Province: State: Province: State: Province: State: Province: Pro						
Type: Employ-   Statu: Address 1:   Address 2: City:   Statu-Province: City:   Statu-Province: Country:   UNITED STATES						
Status: Active   Address 1:   Address 2:   City:   State/Province:   Zip/Pin Code:   Country:   UNITED STATES   Positivity: State/Region: Country: UNITED State/Region: Country: Country: View Region: Country: Order Ald Order Pato Postatus Order Ref Id Service Order Status Complet Date Order Status Complet Date			100			
Address 1:   Address 2:   City:   State/Province:   Zigl/Pin Code:   Country:   UNITED STATES     Positive Location     State/Region:   Country:     State/Region:   Country:     Positive Location     State/Region:   Country:     State/Region:   Country:     View Region:   Country:     Positive Location     Country:     State/Region:   Country:     View Region:     View Region:   State/Region:   Country:     View Region:			/ee			
Address 2:City:City:State/Provine:Zig/Pin Code:Country:Visite LocationState/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:Country:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:State/Region:S						
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Country: UNITED STATES         Positivnicipality:         State/Region:         Country:         State/Region:         Country:         Order History         Order Idi       Order Date       Package Name         Ofder Idi       Of0/4/2020       AFP Box Trucks       View Recept         Order Ref Id       Order Status       Complete Date       Case Status		State/Province:				
Position/Hire Location         City/Municipality: State/Region: Country:         Order History       State/Region: Country:         Order Pate       Package Name         91252       Of/H/2020       AFP Box Trucks       Vlew Receipt         Order Ref Id       Service       Order Status       Complete Date       Case Status						
Order History       Order Date       Complete Date       Package Name         91252       05/14/2020       06/∪4/2020       AFP Box Trucks       Vlew Receipt         0rder Ref Id       0rder Ref Id       Service       Order Status       Complete Date       Case Status		Country: UNITE	D STATES			
Order Ref Id     Of/d4/2020     Of/de ref Id     Order Status     View Receipt		City/Municipality: State/Region:	ion/Hire Location			
Order Ref Id Service Order Status Complete Date Case Status	Order Id Order Date	Complete Date	Package I	Name		
	91252 05/14/2020	06/04/2020	AFP Box Trucks	Viev	w Receipt	
7375322 Background CONFIRMED 06/03/2020 Completed	Order Ref Id	Service	Order Status	Complete Date	Case Status	
	7375322	Background	CONFIRMED	06/03/2020	Completed	
οκ						

Edit Information - To update the persons details or terminate go to Edit Information.

Begin Order Process – Place a new background order for a person.

Order History – Displays a running history of all orders for the person.

## Adjudication

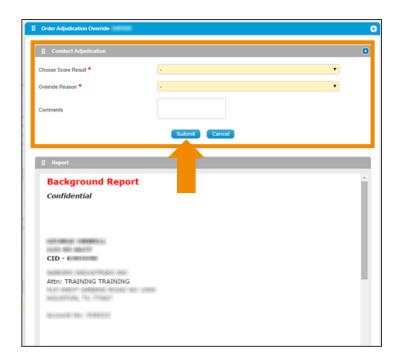
1. Click on "Decisional" case score in the Person Status Detail to access the Order Details.

4.2								
				First	Advantage®			
			Per	son Status Detail :	Conterventer - State of the	ELLC - (2800000	)	
		First Nat				User Field 1:		
		Middle Nat				User Field 2:	EDIT INFORMATION	
		Last Nat Suffix Nat	ne: Order				SEGIN ORDER PROCESS	
			nec SM: XXXXX3333				PRINT CONSENT FORM	
			rft: 01/01/00/00					
			at			P	RINT CURRENT RECEIPT	
		Ty	pe: Employee					
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		Address	kz: Ry: Aloharista					
		State Provin						
		ZoPieCe	dec: 30005					
		Court	by: US					
		Compliance Exper	WW 12/06/2020					
		Compliance Stat						
Order History								
Order Id	Order Date	Complete Data		Po	ckepe Name		Compliance Impact?	
2015099	12/06/2015	12/06/0015		CTOR PACKAGE - PILOT TESTIP			Yes	
	Order Ref Id	Service	Order Status	Complete Date	Case Status	Case Score	Compliance Impact?	
	79427640	Background	CONFIRMED	12/09/2015	Completed	DECISIONAL	Yes	
040								
OK								

2. Under Order Actions select "Adjudication"

	Report Type: Back Report Status: Deci				
	Order ID: 79427640				
	Government ID: 111				
	😒 dektre, vanvranke	m@fadv.com			
				Order Actions:	Select Select
II Ord	er Details				View/Print
					Download (PDF)
Package		STANDARD CONTRACTOR	PACKAGE		Download (PDF Paginated Fax
Account		878353AAA			Add Search Tupe
Requesto	×	XML USER (XML)			Adjudication ice Inquiry
Customer	r Defined Field 1 r Defined Field 2	NONE			Correspondence Letters
Customer		NONE			Summary of Consumer Righ
Customer				Search Type Action	Summary of Consumer Bish a: Select
Customer		NONE Search Type	Search Status		Summary of Consumer Righ
Customer	r Defined Field 2		Search Status Complete		Summary of Consumer Rich s: Select a View, Print spleted History
Customer	r Defined Field 2	Search Type		Date Ordered Con	Summary of Consumer Rich s: Select a: View, Print Richted Hintory View
Customer	Consideration Yellow	Search Type Social Security Verification First Advantage National Criminal	Complete	Date Ordered Con 05/Dec/2015 09/0	Summary of Consumer Rich s: Select a: View, Print Richted Hintory View
Customer Customer	Consideration     Velow     Green	Search Type Social Security Verification First Advantage National Criminal File Plus	Complete Complete	Date Ordered Dat Con 05/Dec/2015 05/ 05/Dec/2015 05/	Summary of Consumer Rich s: Select c View Print npicted History New Dec2015 View
Customer	Consideration Yellow	Sourch Type Social Security Verification First Advantage National Criminal File Rus ALPHARETTA, FULTON, GA	Complete	Date Ordered Con 05/Dec/2015 09/0	Summary of Consumer Rich s: Select c View Print npicted History New Dec2015 View

3. The Order Adjudication Override window will open.



# Select the "Score Result" and "Override Reason" from the drop downs.

Comments may be added but are not required.

Click "Submit" to update the Score.

4. The Report Status is updated based on your selection.

Report Status: Order ID:	Background Screen Eligibles			
		Order Actions:	Select	,
1 Order Details				0
Package	2-EMPLOYMENT			
Account	100010			
Requestor	TRAINING TRAINING (TRAINING)			
Location Code	NONE			
Requester Name			Summary of Con	Piete

## Review and Edit Pre-Adverse Actions Letters and Ban the Box

Adverse Action Letters are automatically mailed, however, certain jurisdictions require special handling.

1. Click on "Ineligible" case score in the Person Status Detail to access the Order Details.



If applicable, a daily email will be sent to the person who registered for the account, identifying these impacted cases.

You must review the report and follow the adjudication instructions above. If the appropriate score is Ineligible, follow instructions below to trigger the Pre-Adverse Action Letter.

2. Choose "Correspondence Letters" from the Order Actions drop down menu.

	, BRUCE nent ID: 123-45-6789 @fadv.com				Est. Completion	: Unkn
all Progress 35	%					
Type: t	lackground Screen	Created: 30/Aug/2017	Completed: 30/A	Aug/2017	Status: Decisional**	
i General Informatio	n Additional Information					
Report Progress						
Report Progress %					100% 100%	
%					100% 100%	
	Background Screen Decisional <sup>44</sup>		Completed Status Notes:	30/Aug/2017	100% 100%	
% Report				30/Aug/2017	100% 100%	
% Report Report Type: Report Status:		0		3044g/2017 6866512 3044g/2017 [ <u>reces_1</u> ]		Paginated)

3. Select "Pre-Adverse Action" from the Type of Letter drop down. Click "View Letter".

II Subject Contact Inform	nation	
Full Name	BRUCE EJAHN	
Mailing Address	100 MAIN STREET	
City, State, Zip	ALPHARETTA, GA, 30005	
Phone	(678)666-7000	
E Company Information		

4. Read the jurisdiction ordinance detail displayed in the Instruction Text. Indicate which charges you are considering when making this decision by selecting the checkboxes next to the charges that we've reported on this candidate.

II Instructional Text				
(b) After extending an	hance Act - New York City applicant a conditional offer	of employment, an employer, employ	ment agency or agent thereof may	
		eerd if hellens totions and advected amo		
Comider All	Status	Source	Search Results	
	Yellow	NEW MEXICO SEX OFFENDER REGISTRY	REGISTERED SEX OFFENDER NMSOR256269-1 01/01/1801	Ordinance Deta
II Required Docume	nitin) (			
Document	File Name			
New York, NY Ban-The-B document		om Dank Form Diplant		
Customer Provided Ben- The-Box Document		Lipiced		
Case/Order Level	Comment			
Select One *	Select One		~	
			~	
Enter Comments *				
Child Contents			~	
		Preview		

5. In the Required Documents section, you can view instructions, download a blank copy of the form to fill in and upload to our system for jurisdictions that require additional forms to be attached, such as NYC. You also have the ability to attach other forms to be appended to the letter as well.

Document	File Name				
Customer Provided Ban- The-Box Document				Upload	
New York, NY Ban-The-Box document		Instructions	Blank Form	Upload	

6. Enter comments specific to your individualized assessment for this particular candidate in the Comments box. The comments will appear in the Pre-Adverse Action letter. Click "**Preview**" to review the letter.

Letter				٥	
Instructional Text					
	ance Act - New York Cit	v Council Bill 0318			
		r of employment, an employer, employ accord if bafare toking your solutions area	ment agency or agent thereof ma	v 🗘	
Consider All	Status	Source	Search Results		
V	Yellow	NEW MEXICO SEX OFFENDER REGISTRY	REGISTERED SEX OFFENDER NMSOR290269-1 01/01/1801	t	
Required Document	(1)				
Document	File Name				
New York, NY Ban-The-Box document	k Instru	ctions Blank Form Upload			
Customer Provided Ban- The-Box Document		Upload		ΝΟΤ	<b>E:</b> Enterprise
Case/Order Level Co	mment			Adva	intage gives you the
Select One •	Select One		V		ty to add and edit ments OR select
Enter Comments •			Û	from	the comment from drop down.
NOLA COMPANY 100 Main Street Alpharetta, GA 300		Preview	•	^	
11/15/2016 BRUCE JAHN 100 MAIN STREE ALPHARETTA, G Dear BRUCE JAHN : We have recently req	A 30005	round report on you. Information con	First Advantag	<u>le –</u>	
First Advantage, Con PO Box 105292 Atlanta, GA 30348	summary of your rights o your employment status isumer Disclosure Cente	under the Federal Fair Credit Reporti . The background report was prepare r	ng Act and relevant state laws) of by:		
1-800-845-6004	ered in Consumer Repo	ort		>	
	Save	Submit Download (PDF) Print			
		Close			

 Use the scroll bar to preview the letter content. Be sure to make any changes needed before clicking Submit. Use the buttons to Save, Print or Download a PDF copy of the letter for your files. Clicking "Submit" instructs First Advantage to send the letter.

Consider All     Status     Consider All     Status     Velow     Required Document(s)     Document     File Name     New York, NY Ben-The     New York, NY Ben-The     New York, NY Ben-The     New York, NY Ben-The     Set occument     CastelOrder Level Comment:     Select One	itional offer of employment, an anxistion record if before tobic Source	employer, employment SEX OFFENDER	Annah satisa kasad an susk isaniar Search Results Registered SEX OFFENDER NASOR250256-1 01011001 kad Delete Download kad Velete Download
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Enter Comments • NOLA COMPANY 100 Main Street Alpharetta, GA 30005 11/15/2016 BRUCE JAHN 100 MAIN STREET ALPHARETTA, GA 30005 Dear BRUCE JAHN :	ummary of your rights under the Fe levant state may adversely affect y	feral Fair Credit Reportin our employment	ig Act and
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BRUCE JAHN 100 MAIN STREET ALPHARETTA, GA 30005 Dear BRUCE JAHN :			
ALPHARETTA, GA 30005 Dear BRUCE JAHN :			
Dear BRUCE JAHN :			
We have recently requested a crin		<u> </u>	
	inal background report on vo	. Information contain	ned in this report (enclosed
herewith, including a summary of y may adversely affect your employe	our rights under the Federal F	air Credit Reporting.	Act and relevant state laws)
First Advantage, Consumer Disclo	ure Center		
PO Box 105292			
Atlanta, GA 30348 1-800-845-6004			
Information Considered in Cons	imer Report		
NEW MEVICO SEV OFFENDED	EGISTOV DEGISTEDEN S	EV OFFENDED CA	WAR NINGODOGROEG 1
	Save Submit Downlo	ad (PDF) Print	

8. The Legal Agreement will display to ensure that you understand and agree that you have reviewed and approve the verbiage that you've entered into the Pre-Adverse Action Letter and that you've attached any documentation that may be applicable. Click "I Agree".



9. The confirmation page will display. Use the buttons to download or print a copy of the letter. If a document was attached that document will be appended to the letter. Click "**Close**" to close the template.



10. To access the letter at a later time, select "**Correspondence Letters**" from the drop down in the Order Details and select the Pre-Adverse Action Letter and click "**View**". Use the buttons to download or print a copy. The Submit button will be grayed out, as no more edits are allowed.

New York City Fair	Chance Act - N	w York City Cou	ncil Bill 0318		1
				yment agency or agent thereof may	
	12004		loane	South Breatly	
e.	Yelow		NEW MEXICO SEX OFFENDER REGISTRY	REGISTERED SEX OFFENDER MMSOR290269-1 01/01/1001	
I Expand Dear	(a)				
Document	The Name				_
Customer Provided Ban The-Box Document					
New York, NY Ban-The Box document	NY_Olimet_R	ecord_Review.pdf		Distan	-
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Enter Comments.*		elevant states stary at	hansely after your amplityment		
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PRE ADVERSE ACTION	N 3932004	JAHN, BRUC	E DONALD	11/15/2016	
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100 Main Street					1
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**NOTE:** Once completed, no further action is needed. First Advantage will automatically send the final Adverse Action Letter

## Terminating or Deactivating an Employee

- 1. Follow the instructions under Searching for a Person (above) to locate the individual to deactivate or terminate.
- 2. Click on the person's name from the results list to view their Person Status Detail.
- 3. Select EDIT INFORMATION.

		First Name: Middle Name: Last Name: Suffix Name: SSN: Date of Birth: Email: Mobile Number: Type: Empl Status: Active Address 1: Address 2: City: State/Province: Zip/Pin Code:			Carrier Name: ? User Field 2: ?	EDIT INFORMATION BEGIN ORDER PROCESS PRINT CONSENT FORM
		Country: UNIT	UNITED STATES Position/Hire Location			
Order History Order Id	Order Date	Complete Date	Package	Name		
91252	05/14/2020	06/04/2020	AFP Box Trucks	Vi	ew Receipt	
	Order Ref Id	Service	Order Status	Complete Date	Case Status	
ок	7375322	Background	CONFIRMED	06/03/2020	Completed	

4. Click the arrow next to Active Status to display a list of possible statuses.

	Personal Information
* Legal First Name	
Does the candidate have a middle name and will they provide it?	Vac Na
Middle Name	
* Legal Last Name	
Suffix Name	
* Does your candidate have a Social Security Number? (Required if they are a US Citizen)	Ves No
SSN	
Date of Birth	(mm/dd/yyyy)
* Email	
Mobile Number	·
Туре	Employee V
*Carrier Name	
User Field	Select:
Active Statu	✓ Active
Date Terminate	Inactive EXAMPLE Inactive
	Position/Hire Location
*Country	UNITED STATES
*City/Municipality	Atlanta
* State/Region	Georgia
	Current Address
-	UNITED STATES
Address 1	
Address 2	
City	
State/Province	
Zip/Pin Code	
SAVE CANCEL	

- 5. Click on the new status for this person. Enter a termination date if applicable.
- Click SAVE to complete the status change. (Click CANCEL to cancel the status change and return to the Person Status Detail page).

### **Basic Administration Functions**

These tasks are performed from the Administration tab.

### Adding a new location

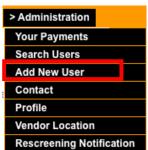
1. Click Administration> Vendor Location.

> Administration			
Your Payments			
Search Users			
Add New User			
Contact			
Profile			
Vendor Location			
Rescreening Notification			

2. Click **ADD** NEW, enter the location Information and click **SAVE**. This location will then be displayed in the location list for adding people to the roster.

### Adding a new user

1. Click Administration>Add New User.



2. Create a User ID and Password for the individual, set their Role (Admin, View, Update, Summary) with the necessary level of access, and click **SAVE**. The new user will be able to log into the system immediately with the User ID and Password assigned.

Please enter your current password to save a new user.	
* Current Password	
* User ID	
* New Password	
* Re-Enter New Password	
* First Name	
* Last Name	
* Email	
Status	Enabled \$
* Role	Select: \$
Update User can add and modify people roster information; can view complian Summary User can add and modify people roster information; can view complian	iew compliance reports; cannot order background checks or replacement badges.

### Changing email notification preferences and updating passwords

- 1. Click Administration> Profile.
- 2. Under User Notifications, you can see what notifications you currently receive. You can change these settings at any time. Make your new selections and click **SAVE**.

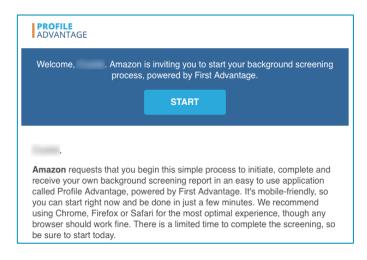
User Notifications		
Do you want to receive an order confirmation email when you submit an order?	No v	
Do you want to receive an email when an order has completed?	No	~
Do you want to be notified for all orders within your account, or only the orders you have submitted?	Only orders I have submitted V	
Do you want to receive notification when temporary badge is ready to be printed?	No 🗸	
SAVE		

3. From the **Profile** screen, you can also change your password. Enter your new password in both boxes and click **Save**.

## Candidate Profile Experience

Profile Advantage, a mobile-first background screening solution that candidates can leverage anytime from anywhere. Convenient and easy to use, Profile Advantage also supports desktop browsers.

1. Candidates will receive an invitation email to log into Profile Advantage and will select the START button to access the application.

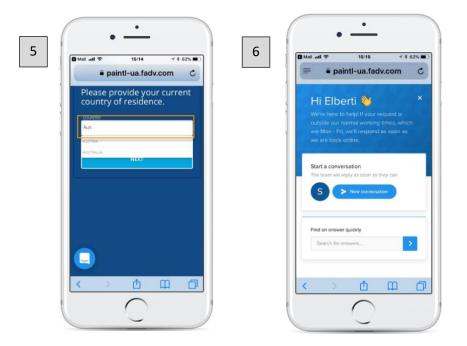


- 2. Candidates will create a new password.
- 3. Candidates will be prompted to utilize our multi-factor authentication to select preferred method in receiving their code.
- 4. Candidates will enter the authentication code and click submit or resend the code.

2 Mai ult to 1513 (\$ 625 ) • paint-ua.fadv.com Welcome Elberti, Profile Adv Client would like you to start the screening process with Profile Advantage. CMATE PASSWORD COMPTEM (ASSWORD	3 PROFILE PROFILE RELEVANTAGE Select where to receive your code: CALL (***) ***-5411 EMAIL ************************************	4 PROFILE PROFILE PROFILE PROFILE PROFILE Didn't get the code? Click on 'Resend Code'.  RUBMIT RESEND CODE IN 25 SECS
NEXT Terms of Service Privacy Policy	NEXT Terms of Sendoe Privacy Policy	Terms of Service Privacy Policy

Copyright© 2023 First Advantage. All rights reserved. Confidential and Proprietary

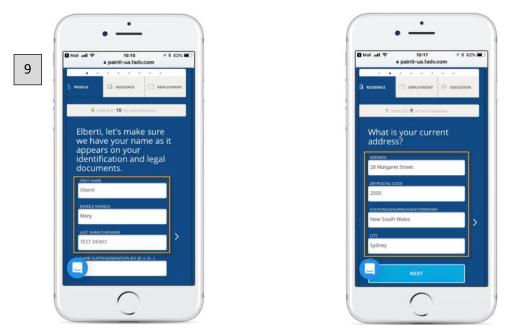
- 5. Provide current country of residence.
- 6. Use the chat feature to get help from a consultant or access job aides 24hours, 5days a week.
  - \*\* Chat is currently offered in English only and can be turned off for accounts that want to opt out.



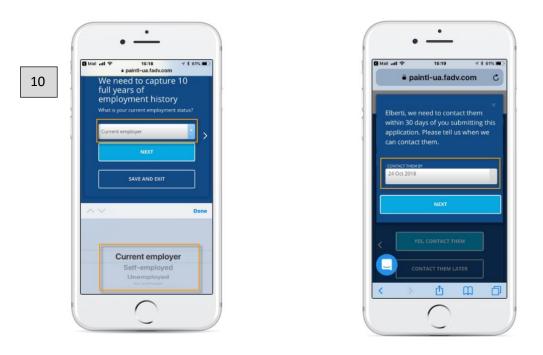
- 7. Review terms and conditions of background screening authorization.
- 8. Candidate can use a stylus or finger to complete eSignature.



9. Ensuring to provide all legal names that match your identification and legal documents and complete address history.



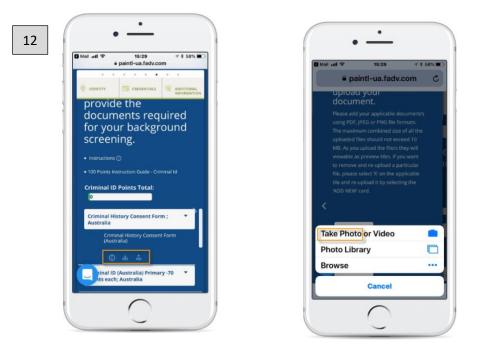
10. Any employment history will need to be entered. Current employment will require a date of contact when selecting option contact them later.



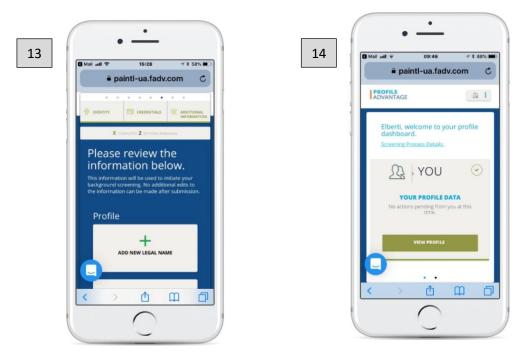
11. Use the edit icon or trash to make any updates or changes.



12. View instructions, download or upload required documentation needed to conduct the background screening.



- 13. Candidates have an opportunity to review before submitting and make any updates or changes.
- 14. Candidates will have access to a Profile Dashboard, where they review previous profiles completed or any pending items.



\*\* Dashboard can be turned off for accounts that want to opt out.

NOTE: Once completed, the background order will initiate.