

Kansas State University

Background Check Process Guide

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After reviewing this guide, please click on the link you received in the email from Risk Mitigation Services to complete the electronic authorization process.



Tip! If you started your application/authorization process and are attempting to access through the link a second time, you may need to completely close your browser, clear your browser history, then click on the link again for it to work.



Alert! If you do not have a SSN, please enter 9999 when asked for the last 4 digits of the SSN and 999-99-9999 when asked for the full SSN. If you do not have an address in the United States, please use the university address 110 Anderson Hall, Manhattan, KS 66506. The background screening company will follow-up with you via email or phone if additional international data is required to complete the background process.

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Click 'Do you agree to conduct the background screening process electronically through Kansas State University,' then, scroll down

any adverse action letters, electronically.

Hardware and Software Requirements to Access and Retain Electronic Information:

In order to access and retain electronic records you must have

- (1) a personal computer or other device which is capable of accessing the internet.

Updating Contact Information

- e. You may always update your contact information by contacting Kansas State University 785-532-6277.

Consent to Electronic Records

Do you agree to conduct the background screening process electronically through Kansas State University ?

First Name*	DOROTHY
Middle Name:	
Last Name:	GALE
Date(mm/dd/yyyy)*	4/4/2023

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

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Enter the last 4 digits of your SSN. If you do not have a SSN, enter 9999.

You may always update your contact information by contacting Kansas State University 785-532-6277.

Consent to Electronic Records

Do you agree to conduct the background screening process electronically through Kansas State University ?

First Name*	DOROTHY
Middle Name:	
Last Name:	GALE
Date(mm/dd/yyyy)*	4/4/2023

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

If you enter this number incorrectly, you need to change it on subsequent pages, you will have to restart the authorization process.

Signature _____ Date _____

I Agree I Don't Agree

By selecting 'I Don't Agree' your authorization employment may be delayed or cancelled.

Print / Save Submit

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Draw your signature with your mouse or other method, then click 'I Agree' and 'Submit'

Last Name: GALE

Date(mm/dd/yyyy)*: 4/4/2023

Last 4 digits of your Social Security Number (or Government ID if you do not have a SS#) *: 8789

Draw your signature*

Signature Clear

I Agree I Don't Agree

By selecting 'I Don't Agree' your authorization employment may be delayed or can

Print / Save Submit

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On Step 3-Disclosure and Step 4-Consent, Click 'By checking this box, I affirm that I have read and agree to the Disclosure Regarding Background Investigation.' At the bottom of the page click 'I approve the use of my signature', then click on 'Submit'

1 Login Page

2 Signature Confirmation

3 Disclosure

4 Consent

5 Summary Of Rights

6 Notices

7 Supplemental Release

8 Application

Muscle Shoals, AL 35002
Tel: 800-363-080
www.riskmitigation.us

Under Section 623 of the FCRA, a consumer report or consumer investigative report is an independent investigation of your background, which may include information regarding your life that may contain information about your driving record, civil and criminal legal and court records, criminal conviction records, education, professional or employment-related credentials, credit and other public records.

The FCRA requires that if Kansas State University denies you employment, continued employment, or promotion as a result of information contained in a background report, you must be permitted to dispute the information with the reporting agency that furnished the report and given a reasonable opportunity to respond to disputed information contained in the report.

I hereby consent to your obtaining the above information from Risk Mitigation Services, Inc.

MY TYPED NAME BELOW SHALL HAVE THE SAME FORCE AND EFFECT AS MY WRITTEN SIGNATURE.

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

SIGNATURE


I understand that my digital mouse 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

First Name: DOROTHY

Middle Name:

Last Name: GALE

Date (mm/dd/yyyy)*: 4/4/2023



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On Step 5-Summary of Rights, Click "By checking this box, I affirm that I have received my FCRA Summary of Rights Above.*"

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Step 5 Continued, Click 'I approve the use of my signature' and click 'Submit.'

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On Step 6-Notices, Click 'By checking this box, I affirm that I have read the State Notices Above.'

Summary Of Rights

6 Notices

7 Supplemental Release

8 Application

By signing below you also acknowledge receipt of the NOTICE REGARDING BACKG

CALIFORNIA, MASSACHUSETTS, MINNESOTA and OKLAHOMA Applicants or emp
Please check this box if you would like to receive a copy of a consumer report, In

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

SIGNATURE

I understand that my Digital Mouse Signature will be binding as though I had physic

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Step 6 Continued, Click 'I approve the use of my signature' and 'Submit'

Last Name: GALE

Date(mm/dd/yyyy)* 4/4/2023

I approve the use of my signature.*

I Agree I Don't Agree

By selecting 'I Don't Agree' your authorization employment may be delayed or c

Submit

em is for authorized users only. All activities on this system may be monitored and/or recorded by Risk Mitigation Services, Inc.'s secu

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On Step 7-Supplemental Release, Click 'By checking this box, I affirm that I have read and agree to the terms as stated.'

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Step 7 continued, Click 'I approve the use of my signature' and 'Submit'

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Step 8-Application, Enter your current address. If you only have an international address, please enter the university address 110 Anderson Hall, Manhattan, KS 66506. Enter your phone number of if your international number is not 10 digits please enter 999-999-9999. The click 'Next'

End Check Information

Personal Information Confidential Background Information PE Agreement

State university is an Equal Opportunity Employer. No employee or applicant employment will be discriminated against because of race,color, religion, age, national origin, sex, disability, marital status, veteran 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, 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.

PERSONAL INFORMATION SECTION

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

Name: JEROME GALE

Current Address *

City *

State *

Zip *

Home Phone #: 000-000-0000

Work Phone: 000-000-0000

Cell Phone: 000-000-0000

E-mail Address #: info@riskmitigation.us

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Step 8 continued, Enter your SSN (or enter 999-99-9999 if you do not have a SSN), enter your Date of Birth, then click 'Next'

The screenshot shows a web form with three tabs: "Background Information", "PII", and "Agreement". The "Background Information" tab is active. It contains two input fields: "Social Security Number *:" and "Date of Birth *:". The SSN field has a red circle around the label "SSN" and contains the placeholder "999-99-9999". The Date of Birth field contains the placeholder "xx/xx/xxxx". A red "Next" button is visible at the bottom right of the form.

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Click 'I approve the use of my signature', enter the last digits of your SSN, or 9999 if you do not have a SSN.

The screenshot shows a web form with the heading "WRITTEN SIGNATURE:". Below the heading is a box containing a handwritten signature. Below the signature box is a checkbox labeled "I approve the use of my signature.", which has a red circle around it. Below the checkbox is a "Date *:" field containing "4/4/2023". Below the date field is a text input field for "the last 4 digits of your Social Security Number (or Government ID if you do not have a SS#)*:". A red "Next" button is visible at the bottom right of the form.

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Click 'I Agree / Submit', please wait, then once successfully submitted you will receive a 'Thank You' confirmation page.

Unauthorized use, reproduction or disclosure of this information is prohibited. If you are an applicant, your signature must be obtained which is considered to be satisfactory. This organization reserves the right to withdraw any offer of employment.



I approve the use of my signature.

Date *

Social Security Number
(0 if you do not have a SSN) *

[Click Here to Agree and continue with your request.](#)

All Steps Have Been Completed