

Lexington Christian Academy Volunteer Background Process

1. Access the web site <https://www.ejobapp-validityscreening.com/applicant/companies/29163/positions> . Click on **SUBMIT** to get started.

Returning User Log In:
 password
 (Forgot password? Click here.) (New User? Click here.)

Lexington Christian Academy - Volunteers Background Screening Process Lexington Christian Academy - Volunteers Background Screening Profile

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Background Screening Processes are being accepted for the following positions: [CHANGE LOCATION](#)

Background Screening Process **SUBMIT**

If you are having technical or completion issues please click [HERE](#).

2. Once started, lick on the phrase, "**click here**" to create a system account.

To continue, you must first [click here](#) to create a system account.
 If you already have an account on the system, please log in using the "Returning User Log In" above.

3. Fill out the User Registration Form. Create your own username for your system account and click on "check **availability**" to see if that username is available. Complete the remaining fields and then click on "**Save**" (in blue). Please provide your full legal name. Do not use any nicknames for this application.

User Registration
 (fields marked in ***** red ***** are required)

Account Information

Login User Name (check availability)

Email Address

Confirm Email Address

Profile Information

First Name

Middle Name

Last Name

Suffix

Address Line 1

Address Line 2

City

State

Zip Code

County

Phone Number

5. An email will be sent to you after your system account is created. Select "Click here" to create/set your password.

Welcome John Doe!

*** PLEASE DO NOT REPLY TO THIS E-MAIL. THIS MAILBOX IS NOT MONITORED.

You have successfully signed up for an account on Validity Screening Solutions' eJobApp system.

Below you will find a link that you can use to login to your account and set your password to something you like.

Username: jdoe_training

Click here to login and set your password 

Sincerely,
Validity Screening Solutions

6. Follow the link contained in the email to set up your password. **Please use at least one upper case letter, one lower case letter, one number and one symbol.**

Change Your Password?

Passwords should meet the following criteria:

- Must contain at least one number
- Must contain at least one uppercase letter
- Must contain at least one lowercase letter
- May contain special characters (*#\$\$%)

New Password

Password Confirmation

Change My Password

7. When your password is set up, hit **SUBMIT** and then you will begin the application process.

Background Screening Process **SUBMIT**

<p>SECTIONS</p> <ul style="list-style-type: none">:: Instructions:: Review	<p>Instructions</p> <ul style="list-style-type: none">- This process will take approximately 5 minutes to complete- Please select 'next' to continue
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8. As you complete each section, select **Next** to continue to the next section.



9. Review the sections and confirm you have completed all requirements. Click "Next" (found in the bottom right-hand corner of the page) to continue

Review

Please review this list to make sure you have completed your background screening process. Incomplete sections are highlighted in red. **If any required sections are not finished, you will not be able to complete your background screening process.**

Instructions

section is complete (no questions in this section)

***** Review Results *****

You have entered all required information for this background screening process. Click the next button for disclosure and release information.

« Previous Next »



10. Read through the "Notice" section and click on the box next to the phrase, **"By checking this box, I affirm that the above statements are true."** Click on **Next** to continue.

Notice

I certify that I have read and understand any applicant instructions presented in this application and that the answers given by me to the foregoing questions, and any statements made by me in this application, are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer reporting bureaus, to access any of this information.

I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that as part of the process for consideration of my employment, this employer may procure a consumer report on me. A summary of my rights as they relate to this report is provided in the next section.

By checking this box, I affirm that the above statements are all true.

Next ►►

11. Scroll down to read "A Summary of Your Rights under the Fair Credit Reporting Act" and "Remedying the Effects of Identity Theft". Click on the box found at the bottom of the page to confirm that you have read and understood your rights.

Fair Credit Reporting Act

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights under the Fair Credit Reporting Act

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

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, disclosure will be free. You are entitled to a free file disclosure if:

protections. They are described in more detail at www.consumerfinance.gov/learnmore.

(Updated: November 2012)

By checking this box, I affirm that I have read and understood my rights as described in the above.

13. Scroll down to read the "Certification and Release" section, and then complete the required fields with your information (date of birth, Social Security Number, driver's license number, driver's license state, driver's license type/class).

Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>
<small>The EEOC states for the purpose of pre-employment inquiries, under the Age Discrimination in Employment Act of 1967, Section 1625.5, "A request on the part of an employer for information such as 'Date of Birth' or 'State Age' on an employment screening profile form is not, in itself, a violation of the Act."</small>	
Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
Confirm Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
Driver's License Number	<input type="text"/>
Driver's License State	<input type="text"/>
Driver's License Type/Class	<input type="text"/>
<input type="checkbox"/> Check this box if you do not have a driver's license.	

14. Use your mouse to provide your signature electronically. Below the signature, you will need to click on the box next to the phrase, "By checking this box, I affirm that I have read the above stated disclosure and hereby authorize Validity Screening Solutions and/or its authorized agents to generate a consumer and/or an investigative report on me as required by this organization. I understand that details from said report, or the report in its entirety, will be provided to the organization."

<input type="button" value="Clear Signature"/>
If the signature box does not load (if you see a red X in the window above), please upgrade your Internet browser software or install Flash.
<small>To use the signature box place the cursor inside the signature box. Depress the left mouse button at the point where you would like to begin drawing your signature. Hold the left mouse button depressed while you draw. Release the mouse button between words. Please try to fill as much of the box as possible with your signature.</small>
<small>Click on the clear button to erase the box and start over again. It may take a number of attempts to produce an accurate signature. Use the undo button to undo the last pen stroke.</small>
<input checked="" type="checkbox"/> By checking this box, I hereby authorize Validity Screening Solutions and/or its authorized agents to generate a consumer and/or an investigative report on me as required by this company. I understand that details from said report, or the report in its entirety, will be provided to the company. (Privacy Policy)

Click on **Next** to continue.

<input type="button" value="Next >>"/>
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15. Fill out all required fields for Volunteer payment – payment required is \$17.50. Once you have completed the required fields, select **“Authorize Payment.”**

Fees

This position requires fees to be collected upfront. Completing this portion of the application will authorize a hold to be placed on your card. This amount will be held until your application has been processed.



FULL NAME

\$17.50

Payment Information	Billing Address
Cardholder Full Name Full Name	Address Address
Card Number 1234 1234 1234 1234	City City
Expiration Date mm/yyyy	State ▼
CVC eg. 123	Country United States ▼
	Zip code Zip Code

[Previous](#) [Authorize Payment](#)



16. Review the information you provided and click on **“Submit Application”** (in blue) to complete the process.

Background Screening Process Submission

Your Background Screening Process has not yet been submitted. Please review the answers you provided for identification. If you need to make a change, click the 'Previous' button to go back to the section you want to change. If you are satisfied with your answers, you may submit your information by clicking the 'Submit background screening process' button below.

Date of Birth:	03/10/1940
Social Security Number:	111-11-1111
Driver's License Number:	123456789
Driver's License State:	IA
Driver's License Type/Class:	A

Your Background Screening Process has not yet been submitted. You must click the "Submit Background Screening Process" button below to submit your Background Screening Process.

The web site will confirm that your information has been submitted.

17. Click on **End Session** to finish or **My Account** to change user name and password.

Thank you for your submission.

If you wish to retrieve any of your documentation once this session has concluded, you will need log back into the system using the credentials you were provided at the beginning of this process.

Should you wish to change your username, password or both, you will need to click the MY ACCOUNT link below and select new credentials.

[My Account](#) [End Session](#)

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