

www.StarSystemsSolutions.com 248.669.4000

# Star Systems | StarSolutions Website User Guide

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# Welcome to Star Systems!

We developed this User Guide to assist you with your employee screening program and our web portal, Star*Solutions*. Before we get started with the web portal user guide, here a few important items to assist you with your program.

#### Your Dedicated Customer Service Team:

# Phone:248.669.4000Email:CustomerService@StarSystemsSolutions.com

You can contact our Customer Service Team for any reason including:

- Account Information
- Changes to your Account
- Fee Schedule / Invoice Clarification
- Reporting Protocol
- Service Issues
- Supply Orders
- Training
- Technical Concerns
- Turnaround Time

#### **Our Website Address is:**

#### www.StarSystemsSolutions.com

Now that you have all the important contact information, you are ready to begin use of our web portal.

# Logging In

#### To get started, go to our website address:

#### www.StarSystemsSolutions.com

Once you see the screen below, click on the login button at the top right corner of the screen.



# **About Your Customer Home Page**

When you log into the secure Star*Solutions* web portal, you will be directed to your Customer Home Page. The tabs at the top of the site will provide different menus and functionality.



#### **Navigating the Customer Page**

Your Navigation Menu options are as follows:

Home	Provides access to bulletins and additional help options
Dashboard	Displays your account activity and profile status
Create	Allows you to create a new profile or an applicant request
View	Gives you access to your folders that contain profiles with a specific status
Reports	Gives your access to reports specific to your account

#### **Using the Search Feature**

The search feature (located in the top right corner of the site) allows you to "search" your account records for an applicant profile.

Enter your required search data in the search field. Select the search parameter (exact, stored or highlighted), then click on the search icon

star 🗙 systems	Working Customer: Test Customer		
Welcome Test Customer Change Password   Logout			
Home - Dashboard Create - View - Reports Admin -	Access Admin - Switch To -		
Welcome Page			

# **Customer Dashboard Overview**

The Dashboard gives you instant access to the status of your current profiles and revolutionizes profile sorting for a user-friendly experience aimed at boosting efficiency.

**Current Profiles Interactive Diagram** 



Navigate to different folders to view your applicant profiles by clicking on the half-circle graph.



#### On the left side of the Dashboard, you will find the following:

The Dashboard gives you instant access to the status of your current profiles and revolutionizes profile sorting for a user-friendly experience aimed at boosting efficiency.

<mark>Current Profile</mark> You	r total number of current profiles is represented here as a half-circle graph, broken
	down by Drafts, In Progress, Completed or Archived. Stored profiles are not included in this graph.
Flagged	Indicates the ratio of profiles created to those flagged within the last 90 days. This is a rolling calculation encompassing 90 days, preceding and including the current date including holidays and weekends.
Turnaround Time	Displays the average turnaround time for profiles created within the last 90 days.
Volume	Provides the total number of current profiles created within the last 12 months. This is also a rolling calculation that encompasses 12 months, preceding and including the current date, including holidays andweekends.

#### On the right side of the Dashboard, you will find the following:

In Progress Your total number of profiles in Progress is represented here as a bar graph, broken down by All, Status Detail, Service Alerts, In Review, Flagged, Having Docs, and Highlighted. Stored profiles are not included in this graph.

Note: The graphs default to display details of profiles In Progress. Each section of the half-circle graph can be selected to display that section's details in the bar graph. Selecting any section of the half-circle graph or bar graph will display a list of corresponding profiles below the Dashboard.

## **Creating a New Profile**

#### **To Start a New Profile:**

#### **1.** Select the CREATE tab



## 2. Select A NEW PROFILE

star 🖈 systems			Working Customer: Demo Site			
Welcome Test Customer	Change Password   Logout	Admin	SEARCH:	Profile # V EXACT STORE	D HIGHLIGHTED C	
Recent Profiles	A New Profile	files		In Progress	1	

# **3.** The Manual Data Entry Screen Opens (as seen below).

- Applicant In	formation								
First Name:			Middle:		L.	ist Name:	•	Suffix:	
SSN:			Validate U.S SSN: 2	Validate SSN		inth Date:			
Address1:			Address2:						
City		State: -Please Select-		Please Select-		20:		County:	
Email Address:									
Acct. Code:						Position:			
Folder:	(Alt Profiles)	1			16	philiphted: 🗐			
Comments:									
+ - Other Na	mes: 0								
First Name		Hiddle I	Name	Last Name		Suffix	Туре		
							Alas		Insert
a - Other Ad	idresses: 0								
Address1	Addres	s2	City	State	Zip	County	From	То	
				AK					insert
: - Available	Services To Orde	e							
I Nationwide	Criminal								
Education: V	Verification								
WebCCF Dry	ug Test - S Panel Urine	E .							
				Create Dra	Cancel				

#### 4. Enter all Applicant Information

Enter the applicant information and use the tab button on your keyboard to advance to the next field. This will auto-format the fields. Required fields are identified with a (\*).

Please provide as much information as possible.

- Applicant Inf	ormation				
First Name:		*	Middle:	Last Name:	* Suffix:
SSN:			Validate U.S SSN: 🗹 Validate SSN	Birth Date:	•
Address1:			Address2:		
City:			State: -Please Select- 💠	Zip:	County:
Email Address:					
Acct. Code:				Position:	
Folder:	[All Profiles]	\$		Highlighted: 🔲	
Comments:					

#### 5. Other Names

Enter other names provided by the applicant, such as an alias or maiden name. Click the INSERT button to add this information to the profile. Note: Depending on your package, other or alias names are considered a separate search at courthouses and other entities and may result in additional fees.

Solution >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>					
First Name	Middle Name	Last Name	Suffix	Туре	
				Alias 🛟	Insert

#### 6. Other Addresses

Enter other addresses provided by the applicant. Click the INSERT button to add them to the profile.

😸 - Other Addre	esses: 0							
Address1	Address2	City	State	Zip	County	From	То	
			AK	•				Insert

#### 7. Available Services to Order

Select the services you would like to run on this profile by selecting the boxes to the left of the desired service(s).

· · · · · · · · · · · · · · · · · · ·	
Nationwide Criminal	
Education: Verification	
WebCCF Drug Test - 5 Panel Urine	

#### 8. Creating Your Draft

Once all information and services have been added, the Draft Profile is ready to be created. Click the CREATE DRAFT button.



#### 9. Draft Profiles

In the DRAFT status, the Profile, including services/orders, can still be edited. Once the Profile is transmitted, you will no longer be able to edit the information. You can find Draft Profiles in the DRAFTS folder.

To edit profile information, click the pencil icon to re-open the entryfields.

- Applicant Information		2
Name: James Smith	Profile: 2015101534914593	
Address:	Birth Date: 01/01/1985	SSN: 123-45-6789
County:		
Email Address:		
Acct. Code:	Position	
Entered: 10/15/2015 09:42 AM EST	Entered By: <u>NAV3TestMiranda</u>	
Status: Draft		
Print Print	t.w/.Comments (2.Name.matches) (4.SSN.matches) (0.Profile.	Documents)
- Profile Settings (Internal Use Only)		2
Folder: [All Profiles]		Highlighted:
Comments:		
Internal	-	
Notes:		
☆ - Other Names: 0		
<ul> <li>Other Addresses: 0</li> </ul>		
- Services Ordered		
Education: Verification		20
WebCCF Drug Test - 5 Panel Urine		3.0
Nationwide Criminal		0
33506459 James Smith		×
* - Available Services To Order		
- Authorization Statement		
Testing Disclaimer		
I have read and accept the above Authorization statement	<b>t</b> .	Print
	Close Profile Transmit Request Delete Requ	sest

#### **Service Icons Overview**

- **Green Dot** A green dot icon indicates the order is ready to be transmitted.
  - **Red Dot** A red dot indicates the service has been added, but no orders have been added for the service.

#### 10. Adding a New Order to a Service

To add a new order to a service, click as seen below:



Once the order has been added, a green dot will accompany the service and the information entered will be populated in the services grid.

The trash can icon allows you to delete services from the profile.

## **Adding Profile Documents**

Adding a signed Disclosure and Authorization Form is required in order to transmit a Profile online. The steps are as follows:

#### **11.** Click on PROFILE DOCUMENTS

This can be found in Applicant Information Section

#### 12. Click UPLOAD NEW DOCUMENT

Choose the file you wish to upload from your computer.

- Applicant Information			
Name: Test Test	Profile: 201	6101255268127	
Address:	Birth Date: 09/13/1979 SSN: 123-45-6789		
County:	Gender:		
Email Address:	Phone No.: (24	8) 669-4000	
Acct. Code:	Position:		
Entered: 10/12/2016 03:21 PM EST	Entered By: Kin	itina.Zielinski	
Status: Draft			
	Print Print w/ Comments	(0 Profile Documents)	
- Profile Settings (Internal Use Only)			

#### **13.** Provide a Description

Choose a name for the document you are uploading. (You also have the option to designate it for Internal Use Only or to Copy to All Orders). Once complete, click the SUBMIT button.

Choose File No file ch	losen	
Internal Use Onl	У	
Copy To All Orde	ers	
		-
	Choose File No file ch	Choose File No file chosen

- Applicant Information				
Name: James Smith	Profile: 2015101534914593			
Address:	Birth Date: 01/01/1985 SSN: 123-45-6789		89 Acct. Code:	
Entered: 10/15/2015 09:42 AM EST	Entered By: NAV3TestMiranda			
Status: Draft				
	Upload New Document			
- Attached Documents				
Document Name	Description	Date Added	Added By	Activities
CS Employment Background Check Disclosure and Authorization 20150915.docx	Disclosure and Authorization	10/15/2015	NAV3TestMiranda	1 🗋 🗎
	Close			

#### 14. Download the File

Once uploaded, download the file by clicking the RED DOWN ARROW (as seen above).

#### 15. Accept Authorization Statement

Once all profile information is entered, ensure you read and agree to the Authorization Statement, then check the box indicating you accept the Authorization Statement.

- Authorization Statement		
Testing Disclaimer		
		4
I have read and accept the above Authoriz	ation statement.	Print

#### **16.** Transmit the Request

Click the TRANSMIT REQUEST button, which will move the profile from Draft status to In Progress status.



# **Creating a New Applicant Request**

If you would like to use our alternate ordering option, where the applicant is sent a link and completes his/her own personal information online, use the Applicant Request method. To create a new applicant request, go to the CREATE tab and down to Applicant Request



#### **1.** Enter Minimum Applicant Information

You will be prompted to enter a few pieces of information in the form as seen below.

end Request		
Fill in the below fields and click on ser for applicant entry.	nd button to automate sending the applica	int an e-mail with the URL of the login pag
Customer		
Customer		
Demo Site for SSSI - SSSI_00002		
Batch Import		
No file chosen		Choose File
Get Import Template		
Applicant Details		
First Name *		
Middle Name		
Last Name *		

Required Fields on this form are identified with an \* and include the following: First Name, Last Name, Email Address and Phone Number

#### 2. Select Products to be Performed

Once you have entered all the applicant details, select the products you wish to order for the applicant as seen in the sample below:

Select All UnSelect All	8 Services/Packages	
☑ Pkg 505- NCD 1N - CTY 1NAC -SSN (Star Systems)		
<ul> <li>611:National Criminal Database (NCD) Check-1N</li> </ul>		
Social Security Number Trace		
Validation - Statewide Repository Search		
Validation - County Criminal		
SSSI County Crim Search with Exception		
Driving Record Check		
Education Verification (Demo Site)		•
	_	
	Sei	nd 🚽

Once you have selected all of the products you wish to order, click on the SEND button as identified with an arrow above.

#### 3. Applicant Receives Email

At this point, an email will be sent to the applicant containing a link instructing the applicant to complete the background and/or drug screen application. The email will look similar to the following sample:

MESS/	v v ∽ ÷ AGE	DEMO Background Check	Request - Message (HTN	IL)	? 📧		×
ignore X So Junk → Delete Delete	Reply Reply Forward I More - All Respond	Move to: ?	Move Move	Assign Policy + Follow Up + Tags	Translate	Q Zoom Zoom	~
Kristina Zielinski	CustomerService@StarS DEMO Background Check Reque	ystemsSolutions .st	s.com				
Test Applicant, An application and login using	with Demo Site for SSSI has been the information provided below ir	started for you. To con h this e-mail.	nplete this application	so we can begin proce	ssing, please <u>cli</u>	ck here	
Sincerely,							
Demo Site for	SSSI						
login info request d key: 0000	rmation ate: 04/19/2017 )2 - 61947140						

#### 4. Applicant Begins Applicant Entry Process

Once the applicant clicks on the link, they will be prompted to review the Summary of Rights. They must scroll through and review the entire summary of rights before they can proceed with clicking the box to accept the terms and conditions listed above.

Basic Informa	ation	required fields are denoted with an asterisk (*)
	Please read and a	accept the terms below
Para informacion e Finan	en espanol, visite <u>www.consur</u> ncial Protection Bureau, 1700 (	<mark>merfinance.gov/learnmore</mark> o escribe a la Consumer G Street N.W., Washington, DC 20552.
	A Summary of Your Rights Un	der the Fair Credit Reporting Act
The federal Fair Credit Rep reporting agencies. There agencies that sell informat major rights under the FCI	porting Act (FCRA) promotes the accur are many types of consumer reporting tion about check writing histories, med RA. For more information, includin	acy, fairness, and privacy of information in the files of consumer agencies, including credit bureaus and specialty agencies (such as ical records, and rental history records). Here is a summary of you g information about additional rights, go to
Washington DC 20552	e. <u>gov/learnmore</u> or write to: Consu )	umer Financial Protection Bureau, 1700 G Street N.W.,
<ul> <li>www.consumerfinance</li> <li>Washington, DC 20552</li> <li>You must be told if into of consumer report to dem</li> </ul>	a. <u>gov/learnmore</u> or write to: Const 2. <b>Aformation in your file has been us</b> by your application for credit, insurance	ed against you. Anyone who uses a credit report or another type e, or employment - or to take another adverse action against you -
www.consumerfinance Washington, DC 20552 • You must be told if ini of consumer report to den	a <u>gov/learnmore</u> or write to: Const and the second secon	ed against you. Anyone who uses a credit report or another type e, or employment - or to take another adverse action against you - bove please click on the following links. of Rights HTML, html nd conditions listed above.
<ul> <li>www.consumerfinance</li> <li>Washington, DC 20552</li> <li>You must be told if int of consumer report to den</li> </ul>	a <u>gov/learnmore</u> or write to: Const a <u>formation in your file has been us</u> by your application for credit, insurance If you can't see the documents al FCRA Summary Can accept the terms an Entire document must be	ed against you. Anyone who uses a credit report or another type e, or employment - or to take another adverse action against you - bove please click on the following links. of Rights HTML html ind conditions listed above. e reviewed prior to accepting. OK CANCEL
Www.consumerfinance Washington, DC 20552 • You must be told if im of consumer report to den	a <u>gov/learnmore</u> or write to: Const and the second secon	ed against you. Anyone who uses a credit report or another type e, or employment - or to take another adverse action against you - bove please click on the following links. of Rights HTML html nd conditions listed above. reviewed prior to accepting. OK CANCEL

Once this is complete, the applicant clicks OK and proceeds with completing the Basic Information section of the Applicant Request.

Home

#### Step 1 of 5: Enter Information

Basic Informat	ion			regu	irea neias are denotea with an asterisk
First Name Test	Middle Name	* ddle Name	Last Name Applicant	Suffix	Phone (248) 669-4000
<b>∃-mail</b> ≺ristinaZielinski@∜	SSN	*	DOB		
Current Addres	SS				
Country USA T	Street Address	Address 2	City	State	Ŧ
Zip code					
Authorization	ARSTAR/STAR SYSTE	MS PLATFORM	И		
Authorization CLIENT USING CLEA Client represents, cer only (Federal Fair Cro reassignment or reter authorization to do so	ARSTAR/STAR SYSTE tifies and warrants that edit Reporting Act Sec ntion as an employee, o.	MS PLATFORM at it is hereby or tion 604(a)(3)(1 agent, contrac	M rdering a background che B), including evaluating a tor or volunteer where the	ck for employme consumer for er e consumer has	ent screening purposes nployment, promotion, given prior written
Authorization CLIENT USING CLEA Client represents, cer only (Federal Fair Cru- reassignment or reter authorization to do so Client Certification – I	ARSTAR/STAR SYSTE tifies and warrants tha edit Reporting Act Sec ntion as an employee, o.	IMS PLATFORM at it is hereby of tion 604(a)(3)(1 agent, contrac ground Screen	M rdering a background che B), including evaluating a tor or volunteer where the ing Report	ck for employm consumer for er e consumer has	ent screening purposes nployment, promotion, given prior written

#### Star System Solutions, Inc.

The applicant will proceed with submitting his/her middle name, SSN, DOB and current address information. They will then be required to accept the Authorization and hit the SUBMIT button.

#### 5. Applicant Sets Up Paperless Drug Screen (if ordered initially)

If your original request includes a paperless drug screen, the applicant will be presented with a map and a list of in Network and Out of Network locations to choose from for their drug test as seen below:



CANCEL

Once the applicant chooses a collection facility, they will click the NEXT button to proceed to the next step in the paperless registration process.

#### 6. Applicant Confirms all Drug Testing Information

Once the applicant confirms all drug testing information is correct as entered, they will click the NEXT button to proceed to the final step in the paperless registration process.

Step 2 of 5: Or	der Drug Te	st			
				_	
1 Enter Zip Code and Pick Site	2 Enter to contact	t info 3 Confir	mation		
Enter Dono	r Informatio	n			
Panel Name:	5 Panel + Exp O	PI			
Collection Site:	40015 Grand Riv	ver Rd Ste 115, Novi, M	II 48375 (248) 427-1037		
About the Dono	r				
First name:	Test				
Middle name:					
Last name:	Applicant				
Suffix:			Contact Informat	tion	
Address:	780 Welch		E-mail:	KristinaZielinski@	StarSystemsSolutions.
Apt/Ste:			Daytime Phone:	(248) 669-4000	
City:	Commerce Twp		Evening phone:	(248) 669-4000	Same as daytime phone
State:	MI 🔻				
Zip:	48390				
ID #:	123456789	0			
Date of Birth:	09/01/1970				
Gender:	Not Identified <b>•</b>	]			
				Previous	Next Continue

CANCEL

Home

#### 7. Applicant Receives Confirmation of the Paperless Registration

The final step in the paperless registration process is a confirmation page; which confirms successful submission of the paperless registration request.

p 2 of 5: Orde	er Drug Test			 	
1 Enter Zip Code and Pick Site	2 Enter your contact info	<b>3</b> Confirmation			
Confirmation					
Panel Name:	5 Panel + Exp OPI				
Lab Name:	Quest				
	Commerce Twp 123456789 09/01/1970 notidentified KristinaZielinski@Star (248) 669-4000 (248) 669-4000	SystemsSolutions.cor	m		

CANCEL

#### 8. Applicant Completes Disclosure and Consent Form

The applicant will be required to review the consent in its entirety, electronically sign, type their full name and then click the CONTINUE button.

#### Step 3 of 5: Documents

DISCLUSURE AND A	UTHORIZATION	
(e	e) The age of the person at the time of occurrence of the crimi	nal offense or offenses.
(f)	f) The seriousness of the offense or offenses.	
(g	g) Any information produced by the person, or produced on his	s behalf, in regard to his rehabilitation and good conduct.
(h	<li>h) The legitimate interest of the public agency or private emplo general public.</li>	over in protecting property, and the safety and welfare of specific individuals or the
2. In to in	n making a determination pursuant to section seven hundred fifty o a certificate of relief from disabilities or a certificate of good con n regard to the offense or offenses specified therein.	r-two of this chapter, the public agency or private employer shall also give consideration duct issued to the applicant, which certificate shall create a presumption of rehabilitation
SS 754. has bee reasons	I. Written statement upon denial of license or employment. A en denied a license or employment, a public agency or private ei s for such denial.	At the request of any person previously convicted of one or more criminal offenses who mployer shall provide, within thirty days of a request, a written statement setting forth the
SS 755. 1. In ci	<ol> <li>Enforcement.</li> <li>relation to actions by public agencies, the provisions of this artivity practice law and rules.</li> <li>o patients to actions by onlyste employees the provisions of this a</li> </ol>	cle shall be enforceable by a proceeding brought pursuant to article seventy-eight of the
pr	rocedures set forth in article fifteen of the executive law, and, co	ncurrently, by the New York city commission on human rights.
Right to Withdraw	Consent to Electronic Form	
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form	
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record	
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V	VA)
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Sofi</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V ftware Requirements	VA)
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soft</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V itware Requirements	VA) Lhereby affirmatively consent to the use of the Disclosure ar
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soff</li> </ul> Electronic Signat	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V itware Requirements	vA) Uhereby affirmatively consent to the use of the Disclosure an Autoprization in an electronic format and to the use of r
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soff</li> <li>Electronic Signat</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V ftware Requirements	VA) Lhereby affirmatively consent to the use of the Disclosure an Autorization in an electronic format and to the use of n electonic signature to execute this electronic Disclosure an Autorization Additionally Lackbouledge that I completed th
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soff</li> <li>Electronic Signat</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V ftware Requirements	VA) Lhereby affirmatively consent to the use of the Disclosure an Autorization in an electronic format and to the use of m electronic signature to execute this electronic Disclosure an Auth rization. Additionally, I acknowledge that I completed th electronic Disclosure and Authorization and read, understar
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soff</li> </ul> Electronic Signat	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V ftware Requirements ture	VA) Uhereby affirmatively consent to the use of the Disclosure an Autorization in an electronic format and to the use of m electronic signature to execute this electronic Disclosure an Auth rization. Additionally, I acknowledge that I completed th electronic Disclosure and Authorization and read, understan accept and agree with the attestations contained therein an
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soff</li> </ul> Electronic Signat	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V ftware Requirements ture	VA) Lhereby affirmatively consent to the use of the Disclosure an Autorization in an electronic format and to the use of m electronic signature to execute this electronic Disclosure an Authorization. Additionally, I acknowledge that I completed th electronic Disclosure and Authorization and read, understan acce t and agree with the attestations contained therein an adopt the letters, sounds or symbols used for my electronic
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soff</li> </ul> Electronic Signat	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V itware Requirements ture	VA) Uhereby affirmatively consent to the use of the Disclosure an Autorization in an electronic format and to the use of r electronic signature to execute this electronic Disclosure an Auth rization. Additionally, I acknowledge that I completed th electronic Disclosure and Authorization and read, understar accept and agree with the attestations contained therein a adopt the letters, sounds or symbols used for my electron signature to officially sign this electronic Disclosure and Authorization. Furthermore, the letters, sounds or symbols
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soft</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V itware Requirements ture	VA) Uhereby affirmatively consent to the use of the Disclosure an Autorization in an electronic format and to the use of m electronic signature to execute this electronic Disclosure an Auth rization. Additionally, I acknowledge that I completed th electronic Disclosure and Authorization and read, understan accept and agree with the attestations contained therein an accept and agree with the attestations contained therein and accept the letters, sounds or symbols used for my electronic signature to officially sign this electronic Disclosure and Auth rization. Furthermore, the letters, sounds or symbol used for my electronic signature of this electronic Disclosure
<ul> <li>Right to Withdraw</li> <li>Right to Enter into</li> <li>Requesting a Pape</li> <li>Resident Notices a</li> <li>Hardware and Soft</li> </ul>	Consent to Electronic Form Documents in Non-Electronic Form er Copy of My Electronic Record and Acknowledgements (CA, ME, MN, NY, OK, V ftware Requirements ture	VA) Lhereby affirmatively consent to the use of the Disclosure ar Autorization in an electronic format and to the use of n electonic signature to execute this electronic Disclosure an Auth rization. Additionally, I acknowledge that I completed th electonic Disclosure and Authorization and read, understan acce it and agree with the attestations contained therein an adop: the letters, sounds or symbols used for my electron signature to officially sign this electronic Disclosure and Authorization. Furthermore, the letters, sounds or symbol used for my electronic signature of this electronic Disclosure and Authorization are intended to be used as my offici
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Home

#### 9. Applicant Review

Once the Consent and Disclosure is completed by the applicant, there is a final review of the information before the applicant clicks FINISH to submit their request. *Note: if changes to any information need to be made at this point the applicant can click on the EDIT button to edit their information before submitting.* 

4 <b>4 5 F</b>					
tep 4 of 5	: Review				
					_
Pkg 505- N	ICD 1N - CTY 1NAC -	SSN (Star Systems	): 611:National Crimin	al	
Database Panel + EX	(NCD) Check-1N, Soc (P OPI	cial Security Numb	er Trace, + WebCCF - {	5	
Please revie	w the information below to	ensure that it is accura	View De	<u>tails</u>	
If you need to information a	change any of the inform and make your changes on	ation, click the "Edit" but	It the application is		
ready, click the	ie "Finish" button below ar	nd a confirmation e-ma	il will be sent to		
About Vo					
About It			ED ED	μ. 	
Name	Test Applicant	Address1	780 Welch		
SSN	123-45-6789	Address2			
DOB	09/01/1970	City	Commerce Twp		
		State	MI		
		Zip Code	48390		
				FINIS	SH CANCEL

Star System Solutions, Inc.

#### **10.** Applicant Request – Final Confirmation

At the end of the Applicant Request, the applicant receives final confirmation indicating successful submission of the whole order and the documents which they can review. The applicant would then click the CLOSE button.



#### **11.** Applicant Receives Receipt and/or Registration in Email

Once the entire order is complete, the applicant will received an email confirmation report containing their receipt indicating the order is in processing. If a paperless drug test was requested, the registration information is sent in a separate email. The registration can be printed or the registration number can be written down.

Applicant, Test:

Your application has been received and will be processed. The details are shown in the receipt provided below. If you see any mistakes or need to make changes, please contact us using the information provided in this e-mail.

Sincerely,

Demo Site for SSSI

#### application - receipt

applyin	g at -
De	no Site for SSSI
	Address:
	State:
	City:
	ZipCode:
	Phone number:
	Fax number:
	Email:
packag	- requested
Langer O	requested
your ir	formation -
your ir	formation - Jlicant, Test
your ir Ap	formation - licant, Test date of birth: 09/01/****
your ir Ap	formation - Jlicant, Test date of birth: 09/01/**** social security #: ***.**-6789
your ir	formation - Jicant, Test date of birth: 09/01/**** social security #: ******6789 current address: 780 Welch, Commerce Twp, M 48390
your ir Ap	formation - Jlicant, Test date of birth: 09/01/**** social security #: ***.**-6789 current address: 780 Welch, Commerce Twp, M 48390 Phone number: (248) 669-4000
your ir Ap	formation - Jlicant, Test date of birth: 09/01/**** social security #: ***.**-6789 current address: 780 Welch, Commerce Twp, M 48390 Phone number: (248) 669-4000 Gender: U
your ir Ap	formation - Jicant, Test date of birth: 09/01/**** social security #: ***.**6789 current address: 780 Welch, Commerce Twp, M 48390 Phone number: (248) 669-4000 Gender: U Convictions:
your ir Ap	formation - Jlicant, Test date of birth: 09/01/**** social security #: ***.**-6789 current address: 780 Welch, Commerce Twp, M 48390 Phone number: (248) 669-4000 Gender: U Convictions: Other Names:



Bing Maps

	Authoriz	ation Form	
REGISTRATION NUMBER: 19096003			19096003
Order Expiration Date/Time: 6/2/2017 6:00:00 PM EST			Authorization Barcode #: 19096003
Employer/Contractor Information:		Medical Review Officer/Managed Service Pro-	vider:
Demo Site for SSSI		Charles Moorefield, MD	
		MEDICAL REVIEW OFFICE	
,		1990 West New Haven, #304	
Phone: Fax:			
		Phone#: (321)821-3383 Fax#: (321)216-3155	
Test Information			
Donor Information		Test Details	
Name: Test Applicant		Reason For Test: Other	
ID: *****6789		Account: 10582885	
Home Phone: (248) 669-4000			
Work Phone: (248) 669-4000			
Service(s) to be Performed			
Service	Laboratory	Laboratory Test	
5 Panel + Exp OPI	Quest	19864N	
Collection Site Information			
Quest Diagnostics-Novi PSC			
40015 Grand River Rd Ste 115			
Novi, MI 48375			
Phone#: (248) 427-1037			
Hours: M-Th 8:00 am-12:00 pm & 1:00 pm-4:00 pm  F 8:00 am-12:00 pm &	1:00 pm-3:00 pm; Drug Screen: M-Th 9:0	0 am-12:00 pm & 1:00 pm-3:00 pm F 9:00 am-12:00 pn	1 & 1:00 pm-2:00 pm

+ Get more app

# **Accessing Completed Reports**

#### **Email Notification**

Once a Profile has completed and results are posted to our web portal, you will receive an email from Star Systems. The email will contain a link, similar to the example provided below. The link allows you to view the completed report in PDF format. You will be required to login prior to viewing the report.

# Status of Star Systems Solutions Background Orders The following is a batch of 1 completed profiles from Star Systems Solutions: Test Testing: <u>https://backgroundcheck/CSGE/Retrievepdf.aspx?RPTId=2015101555798740</u> To view your results, please logon to the Completed Report section of the Star Systems Solutions website. If you have any questions, please call Star Systems at 248.669.4000. Thank you for using Star Systems Solutions.

#### Accessing Reports

To find an applicant's profile, you can use the search feature or access as specific folder through the Dashboard or the VIEW tab. Both methods will populate the profile(s).

You can print a copy of the PDF report by clicking the printer icon.

Profile #		Name	SSN/ID	Status	Folder	
🔍 🛞 💄 2015101534914593	•	James Smith	123-45-6789	Completed		

You can also access the PDF report by clicking on the profile to open it and clicking PRINT in the Applicant Information section.

- Applicant Information		
Name: James Smith	Profile: 2015101534914593	Total Cost: \$20.00
Address:	Birth Date: 01/01/1985	SSN: 123-45-6789 💼
County:		
Email Address:		
Acct. Code:	Position:	
Entered: 10/15/2015 09:45 AM EST	Entered By: NAV3TestMiranda	
Status: Completed Has Flagged Order(s)		
Print Print w/ Comments	(2 Name matches) (4 SSN matches) (1 Profile Document)	Archive Cancel Profile Notification Summarize

# **Adverse Action Fulfillment Tool**

ctar + cyctome

Adverse Action tools for reports containing derogatory information are available on the Star*Solutions* website. To use this tool, go to your completed reports list.

#### **1.** Select the Order Requiring Adverse Action

Check the order requiring adverse action by checking the box to the far left of the transaction line:

Profile #	Name	SSN/ID	Status	Folder	
😻 💄 2015101534914593 🚍	James Smith	123-45-6789	Completed		

#### 2. Select the Action to be Performed

Once you have checked the order requiring adverse action, go the ACTION box and select EMAIL PROFILES from the drop-down menu:

Welcome Demo Log	n   Change Pa	ssword   Logou	t		SE	ARCH:	Profile	EXACT	STORED	
Home 🚽	Dashboard	Create -	View -	Reports						
S Recent Pro	files			Current Profiles				In Progress		
Test Test 🔒 John Smith 🗎				Drafts 14			AII			1
John Smith					0	Status D	etail 0			
Jane Smith				16	In Progress 1 Archived 1	Service A	lerts 0			
			Flagged	Turnaround Time	Volume	Flag	ged 0			
			100%	3,5		Having E Highlig	hted 0			
			Last 90 Days	Last 90 Days	Last 12 Months	Progress: All	0 0	2 0.4 0.6	0.8	1 1.2
		Search fo	or All Fields	contains						
	$\bigcap$	Action	Print w     Folder: [/	/ Comments Sart By: Enter D All Profiles] ▼	ate 🔹 🗹 Desc Then:	[Select Colum 🔻 🗐 🛛	Desc	Profiles per page	25 🔻	Reload Back Next Profiles 1 to 1 of 1
		I want to		Name	S:	SN/ID State	IS	Folder		
		Print Pr Email P	ofile(s) rofile(s)	5327 🖷 Test A Tes	st 111-1	1-1111 In Prog	gress		•	

Working Customer: Demo Site for SSSI

#### 3. Prepare to Email the Profile with Adverse Action

If the applicants email did not automatically populate, select CUSTOM and provide the applicants email in the field provided. The fill in the SUBJECT field with the subject of your email. From here, you can choose which Adverse Action documents to attach depending on where you are in the process. Pre-Adverse Action Letters are sent initially followed by the Adverse Action Letter 5 days later. Once selected, click the SEND button. The applicant will receive notification in their email.

		×
	Email Profile(s) To:	- Î
O Primary Cus	tomer Contact:	- 11
Other:	Demo Login (customerservice@starsystemssolutions.com) ▼	- 11
• Custom:	Test.Applicant@Test.com	- 11
Applicant:	Test A Test	- 11
Subject:	Employment Background Investigation - Test Company	
🖉 In	clude Pre-Adverse Action Letter	- 11
	clude Service Specific Pre-Adverse Action Letter	- 11
In In	clude Adverse Action Letter	- 11
U In	clude 613 Notice Letter	
	Send Cancel	

# **Drug Testing – Paperless Web CCF**

#### Select WebCCF Drug Screen Service

When you select the dug screen service along with your order, you will notice a red dot next to your service as seen in the diagram below.



#### **1. Generate Collection Location Map**

Directly to the left of your services you will see a white piece of paper with a green plus sign, click on this. A map will populate once this has been selected.



#### 2. Enter the Applicant's Zip Code

In the form generated with the map, enter your applicant's zip code in the ZIP CODE field and the distance in the DISTANCE field. Distance is the maximum radius in miles you would like to populate collection site options. Once you have entered the zip code and distance, click the FIND SITES button. Note: if you provided your applicants address during the creation of the draft, the zip code will automatically populate.

Choose a Test Site			
Panel Name: 5 Panel Unite	In Network Sites	0.1	
Zip Code: 30301 Distance: 20  Find Sites	975 JOHNSON FERRY ROAD, SUITE 320	Distance	Lap
Cartersville (19) Map Satellite Buford	ATLANTA, GA 30342 (404) 497-0236	2.0	LabCorp
Kennesa Roswell Buluth	755 MOUNT VERNON HWY NE, SUITE 270 ATLANTA, GA 30328 (404) 843-3170	5.4	LabCorp
120 Marietta	550 PEACHTREE ST NE, SUITE 1460		1.1.0
22) Snellville	Out of Network Sites (Additional fees WILL	annly )	÷
	Address	Distance	Lab
rilla Rica	2453 POWDER SPRINGS RD SW STE ANARIETTA, GA 30064 (800) 492-9484	8.5	Quest 3rd Party
Goodle under some Card Tarrel In State	1975 Century Blvd NE Ste 4 Atlanta, GA 30345 (404) 636-5999	9.4	Quest 3rd Party
Quest      Quest 3rd Party     LabCorp     ZipCode 30301	923 Dill Ave SW		Quest 3rd
Use paper process	4		Þ
	Previous	ext	

#### 3. Select a Collection Facility

Collection facility options are noted on the map with a push pin and provided to the right of the map in list format. From the list, select the facility you wish to use by checking the box to left of the facility, the click the NEXT button.

In Network facilities provide the most cost effective options for drug testing. Out of Network facilities are the least cost effective options, as they third party owned and will generate additional collection fees for the drug screen.

Selecting a LabCorp Patient Service Center, allows the applicant to take the registration form or number to any LabCorp facility. Selecting a Quest Diagnostics Patient Services Center allows the applicant to take the registration form or number to any Quest Diagnostics facility. Note, applicants registered at a LabCorp Facility cannot utilize their registration at Quest Diagnostics or vice versa.



#### 4. Enter Donor/Applicant Information

Information provided in the initial entry on your draft will pre-populate for this section of the drug order. Additional information required is a follows:

Gender – select the applicant's gender from the drop down menu

**Email**– enter the applicants email address to ensure they receive a copy of the Registration Form to their email account

Phone – please ensure the applicants phone number is provided as this is a required field

Reason for Testing – select a reason for testing from the drop down list

**Expiration of Registration**– indicate the desired expiration for the drug test registration (Note: if the applicant reports to the facility after the set expiration, he or she will be turned away by the collection facility)

Enter Dono	r Information	
Panel Name:	5-Panel Urine	
Lab Name:	LabCorp	
Collection Site:	975 JOHNSON FERRY ROAD, SUITE 320	), ATLANTA, GA 30342 (404) 497-0236
About the Dono	)r	
First name:	Ruby	
Middle name:	N/a	
Last name:	Red	Contact Information
Suffix:		E-mail:
Address:	123 Alexander St	Daytime Phone: (123) 456-7891
Apt/Ste:		Evening phone: (123) 456-7891 🔲 Same as daytime phone
City:	Atlanta	
State:	GA 🔹	Test Information
Zip:	30301	Reason: Pre-Employment
ID #:	11111111 🕜	Expires: 12/02/2016 at 06 V 00 V PM V Eastern V
Date of Birth:	12/15/1966	
Gender:	Please Select ▼	
		Previous Next Continue

Once all information is entered, click the NEXT button.

#### 5. Generating Confirmation

Once you have clicked the NEXT button from the previous step, you will be provided a confirmation page. Review the information you have entered to ensure accuracy, then click on the CONTINUE button to proceed with your drug test order and email the Registration Form.

Confirmation	
Panel Name: Lab Name: Collection Site: Donor information:	5-Panel Urine LabCorp 975 JOHNSON FERRY ROAD, SUITE 320, ATLANTA, GA 30342 (404) 497-0236 : Ruby Red
	123 Alexander St, Adanta, GA, 30301 Atlanta 11111111 12/15/1966 female test123@gmail.com (123) 456-7891 (123) 456-7891
	Previous Next Continue

#### 6. Order Complete Indicator

Once you have clicked CONTINUE from the previous step, you will be brought back to your draft profile. You will notice the red dot once visible is now green. This means no further information is needed to order the drug screen.

#### 7. Results

Once your applicant reports for collection, the specimen is forwarded to the testing laboratory and results will post online in the following timeframe:

#### Drug Screen Average Turnaround Time

Negative Results:	24-48 Hours after the specimen is received at the testing laboratory.
Positive Results:	Allow an additional 24-72 hours for confirmation testing and another 24-
	72 hours for Medical Review.

# **Frequently Asked Questions**

#### **Drug Testing Program**

#### How long does it take for drug screen results to come back?

Once a specimen is collected, it is shipped next day air to the testing laboratory for analysis. Once received at the testing laboratory, average turnaround times are as follows:

Negative Results:Same Day-48 hours after the specimen is received at the testing laboratory.Positive Results:Allow an additional 24-72 hours for confirmation testing and 24-72 hoursfor Medical Review.

#### What does it mean if a drug screen comes back as Canceled?

Specimens canceled by the laboratory occur when:

- Specimen seal is not intact upon arrival at the laboratory Specimen leaked in transit
- Chain of Custody is missing information and cannot be resolved by an Affidavit Specimen has characteristics unusual for normal human urine and cannot be tested

#### What does it mean if a drug screen comes back as Negative Dilute?

To determine if a urine specimen has been diluted, laboratories use two values, specific gravity and creatinine content. Specific Gravity is the weight of the urine specimen divided by the weight of an equal volume of pure water. Creatinine is a compound that comes from the muscle tissue of humans. If a specimen is actually urine, the creatinine content will be measurable. Specimens may have low specific gravity and low creatinine levels for one or more of the following reasons:

- The donor added water to the specimen after it was voided
- The individual drank a large quantity of fluid before the collection either to dilute the urine intentionally or to satisfy thirst
- The individual has malfunctioning kidneys that cannot concentrate the urine to a normal degree Several of the aforementioned factors are relevant

Please refer to your company policy regarding handling of Negative Dilute drug screen results.

# What happens if my applicant does not report for his/her drug screen before the preset expiration date and time?

Applicants who do not report for their drug screen before the preset expiration date and time will be informed by the collection facility of the expiration of their registration number. The order will be closed and flagged online as the applicant did not report in the allotted timeframe.

#### How can I obtain additional Chain of Custody (COC) Forms or drug testing supplies?

To order additional Chain of Custody Forms or drug testing supplies, please contact Star Systems at (248) 669-4000, CustomerService@StarSystemsSolutions.com or utilize our eSupply Order Feature on our website.

## **Background Investigation Program and Compliance**

#### How can I be sure a background investigation I ordered online went through and is being processed?

All background investigations submitted online will be assigned a profile number and an order number for your records. You must transmit your order for it to be processing. Profiles in the DRAFTS section on your dashboard are not considered ordered and are not processing.

#### Can I cancel or change a background investigation request once I have transmitted it for processing?

It depends. At Star Systems, we make every effort to provide our clients with the quickest, most accurate results possible. The sooner we send your request out for processing to the courts or other entities involved, the sooner results will be returned. It is not always possible to discontinue or change requests where work is already started. In addition, some of our products are fulfilled within seconds of the order being transmitted. For this reason, request cancellations are not guaranteed and are handled on a case-by-case basis. It is best to contact our Client Support Team as soon as possible at 248.669.4000 or <u>CustomerService@StarSystemsSolutions.com</u> for assistance.

### Do I still need to comply with Fair Credit Reporting Act (FCRA) guidelines if I am not ordering Credit Reports?

Yes. Although the FCRA uses the term Credit Report in many instances, it defines a consumer report as any information concerning a consumer's credit worthiness, credit standing, credit capacity, general reputation, personal characteristics, or mode of living. This means all reports provided by Star Systems are covered by FCRA.

# What type of authorization do I need to obtain to conduct a background investigation on an applicant/employee?

Pursuant to FCRA guidelines, the applicant or employee must be notified in writing through a disclosure document, which informs the applicant or employee of your intent to conduct a background investigation and/or drug test as outline in your employee screening policy. The applicant must then provide his/her written authorization indicating they have consented to the screening.

#### What if I decide not to hire an applicant based on results from the background investigation?

If you intend to take adverse action against an applicant, please refer to the Adverse Action Requirements under FCRA. We have provided the following summary:

Pre-Adverse Action - If an employer <u>INTENDS</u> to take adverse action based on a report, then the employer must:

- First notify the applicant
- Provide the applicant with a copy of the report
- Provide the applicant with another copy of the Consumers Rights Statement.

Post-Adverse Action - If an employer <u>TAKES</u> adverse action, the employer must:

- Notify the applicant of the action (usually a decision not to offer employment). This notification can be verbal, written or delivered electronically.
- Provide a statement that the consumer-reporting agency did not make the adverse decision and cannot provide the reason for the decision.

Provide notice of the applicant's rights to obtain a free report within 60 days and to dispute the reports accuracy with the consumer-reporting agency.

# My applicant/employee would like to dispute the information returned on his/her background investigation. How should I instruct him/her to proceed?

Applicants/Employees who have questions or concerns regarding the results of their background investigation should contact our Consumers Disclosure Department at connect@clearstar.net.

#### Does Star Systems offer International Background Investigations? If so, how can I obtain them?

Yes. Star Systems offers international background investigation services, however, not all services are offered in all countries. In addition, the cost, documentation and turnaround times associated with international requests vary widely. International background investigation services are handled on a case-by-case basis. To check availability or to order a request, please contact our Client Support Team at 248.669.4000 <u>CustomerService@StarSystemsSolutions.com</u> for further information.

#### StarSolutions Website

#### I have forgotten my online login password, how can I obtain or reset this?

Login passwords can be reset by selecting the FORGOT PASSWORD link on the login screen. You will be prompted to provide your User Name and Email Address. If you have forgotten your User ID, or require assistance, please contact our Client Support Team at 248.669.4000 or <u>CustomerService@StarSystemsSolutions.com</u> for further information.

#### How can I set up or deactivate an online requestor for my account or location?

Requestor setups and changes can be accepted in writing only from an authorized account contact. Please contact our Client Support Team at 248.669.4000 or CustomerSupport@StarSystemsSolutions.com for further information.

## **Billing and Payment Information**

#### How and when will I be billed for services I utilize?

Star Systems invoices for services rendered monthly, typically on the first business day of each month. Invoicing options include mail or electronically (default), also known as elnvoicing.

#### What are Star Systems' payment terms?

Star Systems' payment terms are Net 30. To avoid potential service interruption, it is important we receive your payment timely.

#### What payment options are offered by Star Systems?

Star Systems accepts payments by company check. Credit Card and ACH payments are not accepted.

#### What is the payment remit to address for Star Systems?

Payments should be sent to:

Star Systems Solutions 1072 W. Peachtree St. #7092 Atlanta, GA 30357