

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

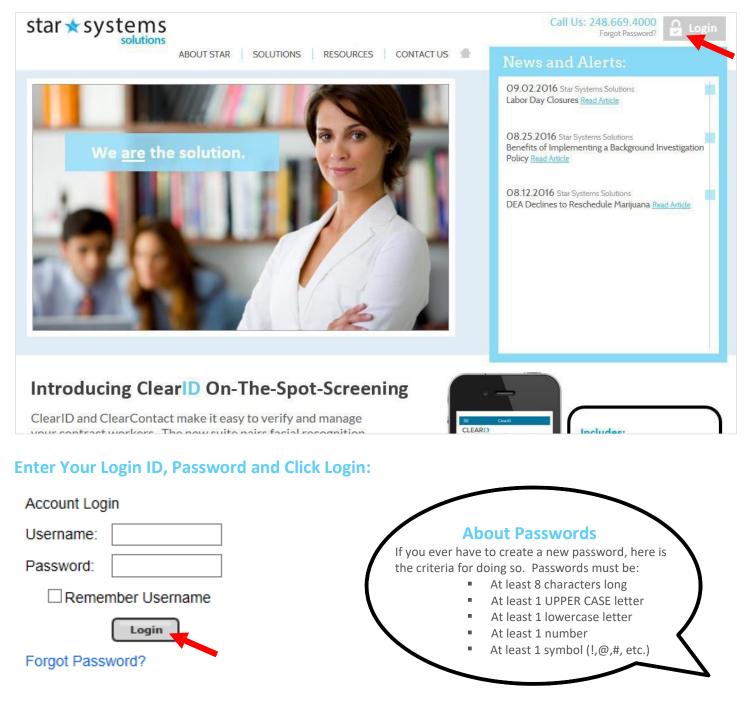
Now that you have all the important contact information, you are ready to begin use of our web portal.

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.

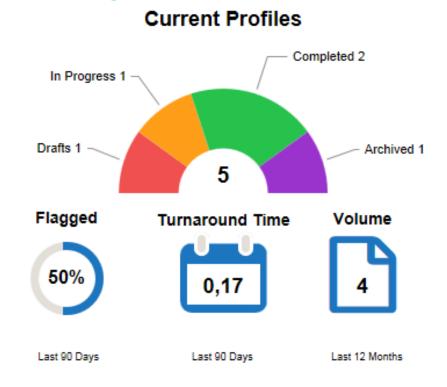
Enter your required search data in the search field. Select the search parameter (exact, stored or highlighted), then click on the search icon

| 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.

| Current Profile You | ur 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 🛧 sys | stems solutions | | | Working Customer: Demo Site | |
|-----------------------|--------------------------|---------|---------|-----------------------------|----------|
| Welcome Test Customer | Change Password Logout | Admin 💌 | SEARCH: | Profile # V EXACT STORED | WITCH TO |
| Recent Profiles | A New Profile | files | | In Progress | |

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

| - Applicant In | formation | | | | | | | | | |
|----------------|------------------------|----------|---------------------|----------------|-----|-------|----------------|------|---------|--------|
| First Name: | | • | Middle: | | | . La | st Name: | | Suffix: | |
| SSN: | | • | Validate U.S SSN: # | Validate SSN | | | irth Date: | | | |
| Address1: | | | Address2: | | | | | | | |
| City | | | State | Please Select- | | | Zip: | | County: | |
| Email Address: | | | | | | | | | | |
| Acct. Code: | | | | | | | Position: | | | |
| Folder: | (Alt Profiles) | | | | | Hij | phlighted: []] | | | |
| Comments: | | | | | | | | | | |
| + - Other Na | mes: 0 | | | | | | | | | |
| First Name | | Hiddle N | ame | Last Name | | | Suffix | Type | | |
| | | | | | | | | Alan | | Insert |
| a - Other Ad | idresses: 0 | | | | | | | | | |
| Address1 | Addre | | City | State | | Zip | County | From | То | |
| | | | | AK | | | | | | Insert |
| : - Available | Services To Ord | ler | | | | | | | | |
| I Nationwide | Criminal | | | | | | | | | |
| Education: V | Verification | | | | | | | | | |
| WebCCF Dry | ug Test - S Panel Urin | e | | | | | | | | |
| | | | | Create Draf | N C | ancel | | | | |

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.

| \circledast - Other Names: 0 | | | | | |
|--------------------------------|-------------|-----------|--------|---------|--------|
| 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).

| Solution - Available Services To Order | |
|--|--|
| 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: NAV3TestNiranda | |
| Status: Draft | | |
| Print Eric | 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 | | |
| * - Other Addresses: 0 | | |
| - Services Ordered | | |
| Education: Verification | | 4 U - |
| WebCCF Drug Test - 5 Panel Urine | | 4.0 |
| Nationwide Criminal | | 0 |
| 33506459 James Smith | | × |
| * - Available Services To Order | | |
| - Authorization Statement | | |
| Testing Disclaimer | | |
| I have read and accept the above Authorization statement | t. | 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: Knit | 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.

| | Upload New Document | |
|-------------------------------------|----------------------------|---|
| Document To Upload: Description: | Choose File No file chosen | |
| | Internal Use Only | |
| | Copy To All Orders | |
| Copy to selected order(s): | | * |
| | | |

| - Applicant Information | | | | |
|---|------------------------------|------------------|-----------------|------------|
| Name: James Smith | Profile: 2015101534914593 | | | |
| Address: | Birth Date: 01/01/1985 | SSN: 123-45-6789 | Acct. Cod | le: |
| 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 | |
| | |
| I have read and accept the above Authorization statement. | Print |

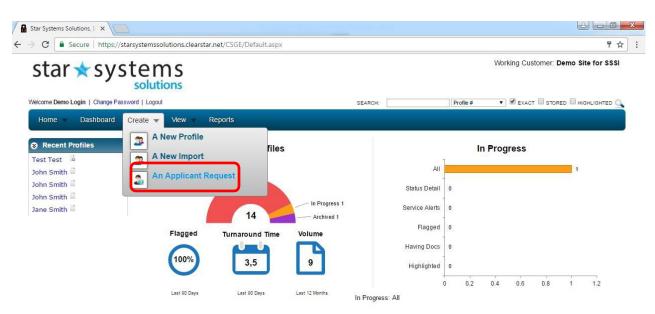
16. Transmit the Request

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 applicant an e-mail v | with the URL of the login page |
| 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) | | 11 |
| G11:National Criminal Database (NCD) Check-1N | | |
| Social Security Number Trace | | |
| Validation - Statewide Repository Search | | |
| Validation - County Criminal | | |
| SSSI County Crim Search with Exception | | |
| Driving Record Check | | 11 |
| Education Verification (Demo Site) | | - |
| | _ | |
| | Ser | 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:

| Fignore X | Reply Reply Forward More * | Move to: ? To Manager Team Email | * M | ove Actions * | Assign Policy * | Mark Unread Categorize ▼ Follow Up ▼ | at | Q Zoom | |
|--|---|--|----------|--------------------|--------------------|--|--------------------------------|------------------------|---|
| Delete | Respond /ed 4/19/2017 5:13 PM | Quick Steps | G | Move | | Tags | Editing | Zoom | ^ |
| | CustomerService@StarS | vetomeColutie | | 200 | | | | | |
| | | 3 | JHS.CO | [1] | | | | | |
| D | EMO Background Check Reque | est | | | | | | | |
| Kristina Zielinski | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Test Applicant, | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | | | | | | | | | |
| An application | with Demo Site for SSSI has been the information provided below in | | complete | e this application | so we c | an begin proce | essing, please <u>cl</u> | ick here | |
| An application | with Demo Site for SSSI has been the information provided below ir | | complete | e this application | so we c | an begin proce | essing, please <u>cl</u> | ick here | |
| An application | | | complete | e this application | so we c | an begin proce | essing, please <mark>cl</mark> | ick here | |
| An application and login using Sincerely, | the information provided below in | | complete | e this application | so we c | an begin proce | essing, please <u>cl</u> | i <mark>ck here</mark> | |
| An application and login using | the information provided below in | | complete | e this application | so we c | an begin proce | essing, please <u>cl</u> | ick here | |
| An application and login using Sincerely, Demo Site for : | the information provided below in | | complete | e this application | so we c | an begin proce | essing, please <u>cl</u> | ick here | |
| An application and login using Sincerely, Demo Site for s | the information provided below in | | complete | e this application | so we c | an begin proce | essing, please <u>cl</u> | ick here | |

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.

| | ter Information | | |
|---|---|---|---|
| Basic Inform | nation | required field | s are denoted with an asterisk (*) |
| | Please | read and accept the terms below | |
| | | onsumer <mark>finance.gov/learnmore</mark> o e 700 G Street N.W., Washington, DC | |
| | A Summary of Your Righ | ts Under the Fair Credit Reporting A | <u>ct</u> |
| reporting agencies. There agencies that sell informa | e are many types of consumer re lation about check writing historie CRA. For more information, in | e accuracy, fairness, and privacy of informatic porting agencies, including credit bureaus and s, medical records, and rental history records cluding information about additional rig | l specialty agencies (such as). Here is a summary of you hts, go to |
| www.consumerfinanc | | Consumer Financial Protection Bureau , | 1700 G Street N.W., |
| www.consumerfinanc Washington, DC 2055 • You must be told if in of consumer report to de | 52. information in your file has been your application for credit. in: | Consumer Financial Protection Bureau, een used against you. Anyone who uses a consumer, or employment - or to take another a | redit report or another type dverse action against you - |
| www.consumerfinanc Washington, DC 2055 • You must be told if in of consumer report to de | 52. information in your file has be eny your application for credit, in If you can't see the dor FCRA S | een used against you. Anyone who uses a c surance, or employment - or to take another a | redit report or another type dverse action against you - |
| www.consumerfinanc Washington, DC 2055 • You must be told if in of consumer report to de | 52. information in your file has be eny your application for credit, in If you can't see the dor FCRA S | een used against you. Anyone who uses a c surance, or employment - or to take another a uments above please click on the following links. ummary of Rights HTML html e terms and conditions listed above. | redit report or another type dverse action against you - |
| www.consumerfinanc Washington, DC 2055 • You must be told if in of consumer report to de | 52. information in your file has been your application for credit, in: If you can't see the dou FCRA S | een used against you. Anyone who uses a c surance, or employment - or to take another a uments above please click on the following links. ummary of Rights HTML html e terms and conditions listed above. | redit report or another type dverse action against you - |

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

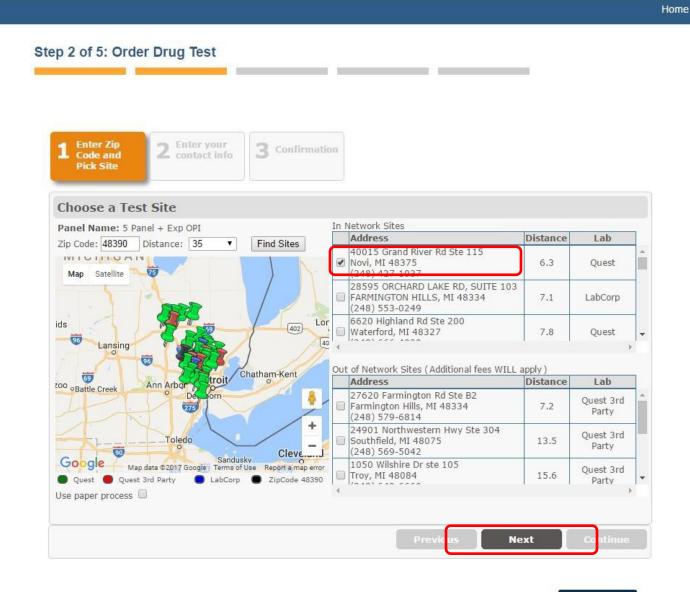
| Basic Informat | ion | | | , cqu | ired fields are denoted with an asterisk |
|--|---|---|---|-----------------|--|
| First Name Test | Middle Name | * Idle Name | Last Name Applicant | Suffix | Phone (248) 669-4000 |
| 5-mail KristinaZielinski@६ | SSN | * | DOB | | |
| Current Addres | SS | | | | |
| Country USA T | Street Address | Address 2 | City | State | ¥ |
| Zip code | Date Moved In | | | | |
| Zip code Authorization | Date Moved In | MS PLATFORM | M | | |
| Zip code Authorization CLIENT USING CLE/ Client represents, cer only (Federal Fair Cr | ARSTAR/STAR SYSTEI tifies and warrants tha edit Reporting Act Sect ntion as an employee, | t it is hereby or tion 604(a)(3)(l | M rdering a background che B), including evaluating a tor or volunteer where the | consumer for er | mployment, promotion, |
| Zip code Authorization CLIENT USING CLEA Client represents, cer only (Federal Fair Cr- reassignment or rete authorization to do so | ARSTAR/STAR SYSTEI tifies and warrants tha edit Reporting Act Sect ntion as an employee, | t it is hereby or tion 604(a)(3)(I agent, contrac | rdering a background che B), including evaluating a tor or volunteer where the | consumer for er | mployment, promotion, |

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.

| 044 m 0 46 54 0m | | -4 | | | |
|--------------------------|--------------------------|-------------------------|-------------------------|--------------------|-----------------------|
| Step 2 of 5: Or | der Drug le | st | _ | | |
| | | | | | |
| | | | | | |
| | | | | | |
| - Enter Zip | 2 Enter | your 3 Confir | mation | | |
| Code and Pick Site | C conta | ct info | | | |
| | | | | | |
| Enter Dono | r Informatie | a D | | | |
| | | | | | |
| Panel Name: Lab Name: | 5 Panel + Exp C Ouest | PI | | | |
| | | ver Rd Ste 115. Novi. M | II 48375 (248) 427-1037 | | |
| About the Dono | | | | | |
| 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 | 1 | Evening phone: | (248) 669-4000 | Same as daytime phone |
| State: | MI 🔻 |] | 1 | | <i>.</i> |
| Zip: | 48390 | | | | |
| ID #: | 123456789 | 0 | | | |
| Date of Birth: | 09/01/1970 | | | | |
| Gender: | Not Identified V | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | 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 | | |
|--------------------------------------|---|--------------------|
| | | |
| | | |
| 1 Enter Zip Code and Pick Site | 2 Enter your contact info 3 Confirmation | |
| | | |
| Confirmation | | |
| Panel Name: | 5 Panel + Exp OPI | |
| Lab Name: Collection Site: | Quest 40015 Grand River Rd Ste 115, Novi, MI 48375 (248) 427-1037 | |
| | 09/01/1970 notidentified KristinaZielinski@StarSystemsSolutions.com (248) 669-4000 (248) 669-4000 | |
| | | ious Next Continue |

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

| DISCLOSURE # | AND AU | | |
|---|--|--|--|
| | (e) | The age of the person at the time of occurrence of the criminal o | ffense or offenses. |
| | (f) | The seriousness of the offense or offenses. | |
| | (g) | | n 🖁 na 1950 line na 1960 l |
| | (h) | I ne legitimate interest of the public agency or private employer i general public. | n protecting property, and the safety and welfare of specific individuals or the |
| | to a | | of this chapter, the public agency or private employer shall also give consideration issued to the applicant, which certificate shall create a presumption of rehabilitation |
| | has been | | request of any person previously convicted of one or more criminal offenses who yer shall provide, within thirty days of a request, a written statement setting forth the |
| | | Enforcement. | |
| | civil | I practice law and rules. | hall be enforceable by a proceeding brought pursuant to article seventy-eight of the shall be enforceable by the division of human rights pursuant to the powers and |
| | | | |
| | | | |
| | | onsent to Electronic Form | |
| | | Consent to Electronic Form Documents in Non-Electronic Form | |
| Right to Ente | er into D | | |
| Right to Ente Requesting a | er into D a Paper | Documents in Non-Electronic Form | |
| Right to Ente Requesting a Resident Not | er into D a Paper tices an | Documents in Non-Electronic Form Copy of My Electronic Record | |
| Right to Ente Requesting a Resident Not | er into D a Paper tices an | Documents in Non-Electronic Form Copy of My Electronic Record d Acknowledgements (CA, ME, MN, NY, OK, WA) | Lhereby affirmatively consent to the use of the Disclosure a |
| Right to Ente Requesting a Resident Not | er into D a Paper tices an nd Softw | Documents in Non-Electronic Form Copy of My Electronic Record d Acknowledgements (CA, ME, MN, NY, OK, WA) vare Requirements | Unereby affirmatively consent to the use of the Disclosure a Autorization in an electronic format and to the use of electonic signature to execute this electronic Disclosure a Auth rization. Additionally, I acknowledge that I completed t electonic Disclosure and Authorization and read, understa acce t and agree with the attestations contained therein a adop the letters, sounds or symbols used for my electron signature to officially sign this electronic Disclosure Auth-rization. Furthermore, the letters, sounds or symbus used for my electronic signature of this electronic Disclosure and Authorization are intended to be used as my offic |



Home

9. Applicant Review

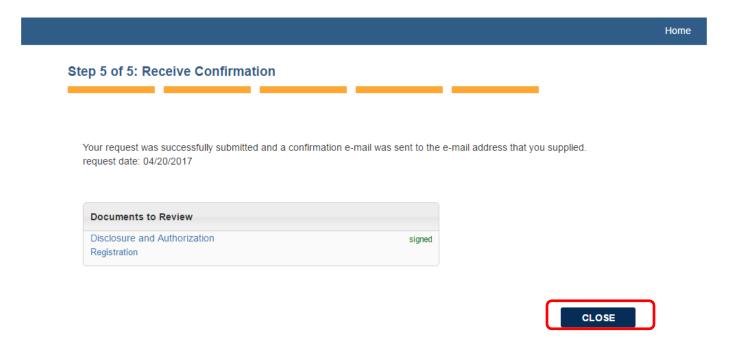
Once the Consent and Disclosure is completed by the applicant, there is a final review of the information before the applicant clicks FINISH to submit their request. *Note: if changes to any information need to be made at this point the applicant can click on the EDIT button to edit their information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

| | | | | | Hor |
|---------------|---|------------------------|--|----------|--------|
| Stop 4 of 5 | Boviow | | | | |
| Step 4 of 5 | . Review | | | | |
| | | | | | |
| | | | | | |
| | | |): 611:National Criminal er Trace, + WebCCF - 5 | | |
| Panel + EX | | | | | |
| | w the information below to | | | <u>8</u> | |
| information a | change any of the inform nd make your changes on | the following screens. | If the application is | | |
| | ie "Finish" button below an dress that you provided. | id a confirmation e-ma | II WIII DE SENT TO | | |
| About Yo | u | | / EDIT | | |
| Name | Test Applicant | Address1 | 780 Welch | | |
| SSN | 123-45-6789 | Address2 | | | |
| DOB | 09/01/1970 | City | Commerce Twp | | |
| | | State | MI | | |
| | | Zip Code | 48390 | | |
| | | | | | |
| | | | | | |
| | | | | FINISH | 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

| applvin | g at - |
|---------|--|
| | no Site for SSSI |
| | Address: |
| | State: |
| | City: |
| | ZipCode: |
| | Phone number: |
| | Fax number: |
| | Email: |
| packag | e requested - |
| | 1 |
| vour ir | formation - |
| | formation - |
| | |
| | formation - plicant, Test |
| | formation - plicant, Test date of birth: 09/01/**** |
| | formation - Jlicant, Test date of birth: 09/01/**** social security #: ***.**-6789 |
| | formation - plicant, Test date of birth: 09/01/**** social security #f.***.**-6789 current address: 780 Welch, Commerce Twp, M |
| | formation - plicant, Test date of birth: 09/01/**** social security #: ***.**-6789 current address: 780 Welch, Commerce Twp, M 48390 |
| | formation - plicant, Test date of birth: 09/01/**** social security #: ***.**-6789 current address: 780 Welch, Commerce Twp, M 48390 Phone number: (248) 669-4000 |
| | formation - plicant, Test date of birth: 09/01/**** social security #: ***_**-6789 current address: 780 Welch, Commerce Twp, M 48390 Phone number: (248) 669-4000 Gender: U |

| Message | Documents.pdf (555 KB) |
|---------|--------------------------|
| wessage | > Documents.put (555 kb) |

Bing Maps

| REGISTRATION NUMBER: 19096003 | | Authorization Form | |
|---|--------------------------|---|---|
| Order Expiration Date/Time: 6/2/2017 6:00:00 PM EST | | | 19096003 Authorization Barcode #: 19096003 |
| Employer/Contractor Information: Demo Site for SSSI | | Medical Review Officer/Managed Service Provider: Charles Moorefield, MD MEDICAL REVIEW OFFICE | |
| , Phone: Fax: | | 1990 West New Haven, #304 MELBOURNE, FL 32904 Phone#; (321)821-3383 Fax#: (321)216-3155 | |
| Test Information | | | |
| Donor Information | | Test Details | |
| Name: Test Applicant | | Reason For Test: Other | L |
| 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 | n & 1:00 pm-3:00 pm; Dru | g Screen: M-Th 9:00 am-12:00 pm & 1:00 pm-3:00 pm F 9:00 am-12:00 pm & 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 | |
|-----------------|------------|-------------|-------------|-----------|--------|--|
| 🔲 🛞 💄 201510153 | 34914593 🚍 | 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:

| P | rofile # | Name | SSN/ID | Status | Folder |
|----------|------------------|-------------|-------------|-----------|--------|
| 🗉 😻 💆 20 | 15101534914593 🖱 | 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:

| elcome Demo Login Change Password | Logour | | SEARC | n | Profile # | | DEXACT D STO | RED HIGHLIGHTED |
|-------------------------------------|-------------------------------|---|-----------------------|----------------------|-----------|---------|----------------|-------------------------------------|
| Home Dashboard Create | e 🔻 View 🔻 | Reports | | | | | | |
| Recent Profiles | | Current Profiles | | | | In Prog | ress | |
| est Test 🔒 ohn Smith 🖺 | Dr | afts 14 | | AII | | | | 1 |
| ohn Smith | | | | Status Detail | 0 | | | |
| ane Smith | | 16 | In Progress 1 | Service Alerts | 0 | | | |
| | Flagged | Turnaround Time | Volume | Flagged | 0 | | | |
| | | | | Having Docs | 0 | | | |
| | 100% | 3,5 | 9 | Highlighted | 0 | | | |
| | Last 90 Days | Last 90 Days | Last 12 Months | ogress: All | 0 0.2 | 0.4 | 0.6 0.8 | 1 1.2 |
| Sear | ch for All Fields co | ontains | | | | | | |
| Act | tion = | Comments Sirt By: Enter Da Profiles] ▼ | ate 🔻 🗹 Desc Then: [S | elect Colum 🔻 🗐 Desc | | Profile | s per page: 25 | Reload Back Profiles 1 to 1 |
| | ant to emove Svc. Alert(s) | Name | SSN/ | D Status | | Folder | | 5.000 mm - 000 mm - 000 |
| 8 | rint Profile(s) | 6327 🖱 🛛 Test A Test | 111-11-1 | 11 In Progress | | | | |

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: | <u>î</u> |
| 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 |
| | clude Adverse Action Letter | - 11 |
| U In | clude 613 Notice Letter | |
| | Send Cancel | |
| | | - 1 |

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.

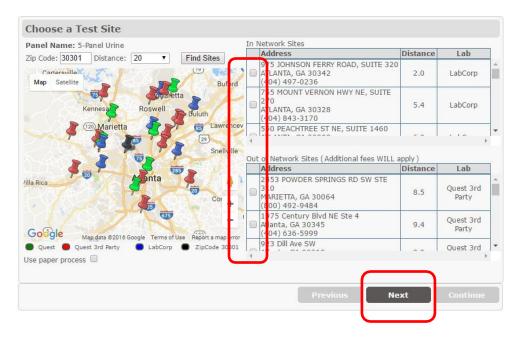
| p Code: 30301 Distance: 20 Tind Sites | In Network Sites Address | Distance | Lab |
|--|--|----------|--------------------|
| Cartersville Map Satellite | 975 JOHNSON FERRY ROAD, SUITE 320 ATLANTA, GA 30342 (404) 497-0236 | 2.0 | LabCorp |
| Kennesa Roswell Buluth | 755 MOUNT VERNON HWY NE, SUITE 270 4TLANTA, GA 30328 (404) 843-3170 | 5.4 | LabCorp |
| 2 120 Marietta T T T Lawrencev | 550 PEACHTREE ST NE, SUITE 1460 | | 1.10 |
| | 4 | | |
| Snellville | Out of Network Sites (Additional fees WILL | apply) | |
| | Address | Distance | Lab |
| Rica | 2453 POWDER SPRINGS RD SW STE 310 MARIETTA, GA 30064 (800) 492-9484 | 8.5 | Quest 3rd Party |
| Google Map data @2016 Google Terms of Use Report a map error | 1975 Century Blvd NE Ste 4 Atlanta, GA 30345 (404) 636-5999 | 9.4 | Quest 3rd Party |
| Quest Quest 3rd Party LabCorp D ZipCode 30301 | 923 Dill Ave SW | | Ouest 3rd |
| | 4 | | |

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, Atlanta, 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 1075 Peachtree St. NE, Suite 6 #570021 Atlanta, GA 30357