

HOW TO COMPLETE YOUR ONLINE BACKGROUND CHECK SUBMISSION

COMPLETING A BACKGROUND CHECK FOR UNC-CHAPEL HILL

Please follow the guide below. If you are still in need of assistance, please contact the UNC-Chapel Hill Office of Human Resources Service Center at **(919) 843-2300** and ask for the Background Check Office or email your inquiry to <u>backgroundcheck@unc.edu</u>.

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I. Welcome Email & CastleBranch "Start process" email correspondence

Please read your Welcome Email in its entirety before attempting to begin the online background Check submission.

The welcome letter contains important information including:

- An introduction to the University's background check service provider, CastleBranch
- Notification that you will receive a separate email from CastleBranch with a link to the candidate/appointee portal
- A screenshot of the actual email that you will receive from CastleBranch
- Instructions for completing the online background check form



UNC-Chapel Hill requires a background check for new candidates/appointees as part of the University's process of consideration. For your convenience, the University uses a web-based system to initiate and process background checks.

To begin the process, you will receive a separate email from our vendor, **CastleBranch Inc.** CastleBranch is an investigative screening agency that conducts a variety of consumer reports, including background checks. The email will include a link to a secure website where you will complete the background check process online.

Following, is an example of the email you will receive from CastleBranch:



This is a request on behalf of UNC Chapel Hill - Human Resources - Online, to initiate a consumer report for employment purposes. This report will be performed at no cost to you by CastleBranch. CastleBranch is a nationwide provider of background check services and strictly adheres to all federal and state background reporting and consumer privacy regulations. Successful completion of this consumer report is a requirement of your current or proposed affiliation with UNC Chapel Hill - Human Resources - Online. To initiate the process, please click the link below no later than 11:59:59 PM on MM/DD/YYYY

Start Process

If you believe you may have received this request in error, please disregard or contact UNC Chapel Hill - Human Resources - Online. If you require assistance completing your order, please contact CastleBranch at (888) 723-4263 or email: customerservice@castlebranch.com. Thank you,

UNC Chapel Hill - Human Resources - Online

All candidates/appointees must provide a valid Social Security number, with the exception of international candidates/appointees who have recently arrived to the country. *International Candidates/Appointees:* If you do not yet have a Social Security number, please enter "000-00-0000" in the space provided for Social Security number.

Please allow enough time to complete the online submission in its entirety. The session will time out after a short period of inactivity and all information entered will be lost.

Thank you for your prompt attention to this matter. Your timely completion of this request will prevent delays in the consideration process. Generally, background checks generally take 7-10 business days to complete.

You will be notified via email when your background check results are available to view online.

Please Note: Completion of your background check does not serve as an offer of employment or any indication of eligibility for hire or appointment. Please wait for further information (or guidance) from the hiring authority.

For more information about UNC-Chapel Hill's background check policy, <u>click here</u>. You may also review our <u>frequently asked questions</u> to learn more about the background check process. If you need assistance with the electronic background check process, please contact the Background Check Unit at (919) 962-5742.

II. Start Process: The CastleBranch Website

Next, you will receive an email from CastleBranch Service Desk [mailto:customerservicedesk@castlebranch.com]

- The email contains a link to the online background check portal.
- Click "Start Process" to go to the CastleBranch website and begin the online submission.



Summary of Your Rights.pdf



Rachel test:

This is a request on behalf of UNC Chapel Hill - Human Resources - Online, to initiate a consumer report for employment purposes. This report will be performed at no cost to you by CastleBranch. CastleBranch is a nationwide provider of background check services and strictly adheres to all federal and state background reporting and consumer privacy regulations. Successful completion of this consumer report is a requirement of your current or proposed affiliation with UNC Chapel Hill - Human Resources - Online. To initiate the process, please click the link below no later than 11:59:59 PM EDT on August 4, 2018.

Start Process

If you believe you may have received this request in error, please disregard or contact UNC Chapel Hill - Human Resources - Online. If you require assistance completing your order, please contact CastleBranch at (888) 723-4263 or email: customerservice@castlebranch.com. Thank you,

UNC Chapel Hill - Human Resources - Online

II. Start Process: The CastleBranch Website (Continued)

CastleBranch Portal Home Page:

Please read the "Please review" the package selection, as it contains the following:

- A list of the specific background check components that will be included in your background check
- A link to the CastleBranch Terms and Conditions of Use

Click the box to confirm you have read, understand, and agree to the Terms and Conditions

*You must click the box before moving to the next screen

Click "Continue Order" to go to the next screen



Please review

UNC Chapel Hill - Human Resources - Online includes the following package contents:

Package: EMPLOYEE + DMV, DEGREE & LICENSE Statewide Criminal NC Statewide Motor Vehicle Nationwide Federal Criminal Nationwide OIG Medicare Fraud Nationwide Federal Debarment Nationwide Record Indicator with SOI Social Security Alert Residency History Verification Education Verification Professional License Document Manager

Additional Information

Any charges associated with the completion of this background check request will be paid by UNC Chapel Hill - Human Resources - Online.

Click the button below to continue your order and create your myCB account. You will access your account to manage your order and view your results. If you already have a myCB account, you will have the option to log in.

] I have read, understand and agree to the Terms and Conditions of Use.

Continue Must Check before moving to next screen



Type your information into the required fields provided in the "Personal Information" and "Personal Identifiers" sections

Fields containing a "*" are required. You will not be able to go to the next screen without completing them

FOR INTERNATIONAL CANDIDATES:

Sex:

OFemale OMale

ADDRESS: Although you may select a different country from the pull-down menu, you will still be required to select from the "state" pull-down menu. Please select NC

Enter only five (5) digits in the zip code field without letters or special characters (example: 55859)

TELEPHONE NUMBERS: Enter only ten (10) digits without special characters (example: 9195557733)

SOCIAL SECURITY NUMBER: If you do not yet have a social security number, enter all zeros (000-00-0000) into the SSN field

*You will have an opportunity to enter the correct address and phone number format later in the process

CE Castle	Branch			Contact Us Logo	out
Place Order:	3-4			-78	Chat With Us
PERSONAL INFO First Name: * Middle Name: Last Name: * Suffo: Phone: * Alt Phone: * Confirm Email: * Country: * Address 1: * Address 2:	DRMATION		Important: The email address you provi Please enter your valid email address a ubmitting your order. If you do not see folder.	de will be used for important order nd lock for an immediate confirmati your confirmation email please chee	communication. on email after k your SPAM or Junk
City: * State: * Zip Code: * PERSONAL IDEN Social Security Number: * Date of Birth: *	NTIFIERS	re not a US citizen a	and therefore do not have a Social Secur	ily Number, please enter 111-111	1 to proceed with

IV. Creating your Secure Account:

This screen allows you to create and confirm a password to secure your submission

Your email address will automatically populate from the Personal Information and Personal Identifiers screen

Be sure to create a password that is secure, but memorable. You will use this password to access your account and view your results once your background check is complete

*If you have completed a previous background check using this portal, you will be given a message asking you to enter the password you previously created. Click "forgot my password" if you cannot remember your previously created password



Place Order:



CastleBranch is committed to securely storing your information. As shown below, your myCB username is your email address. Please create a password. These credentials will be required to access your account in the future.

Email Address:

This email address is your u	username.		
Username:			
Password:			
Password:		Passwords are case-sensitive and must be at least 8 characte long.	rs
Confirm:			
			Create Account

V. Additional Names and Addresses:

- Enter all previous names that you have used (maiden, married, hyphenated, etc.) in the past
- If you do not have any previously used names, click the "I do not have any additional names" box
- Enter all previous US addresses of residence back to age 18
- If you do not have any additional addresses, click the "I do not have any additional addresses" box
- This screen can accommodate unlimited name and address entries. Click "Add another" to enter additional names or addresses

CastleBranch		Contact Us Logout
Place Order:		
		Chat With Us
Ø	4 5	6789 Go Back
ADDITIONAL NAMES		
Please list all additional names (e.g. maidens, former marrie	d names, aliases). Click on Add Another to add a	n additional name.
First Name Middle Name	Last Name	Suffix
		Remove Add Another
PREVIOUS ADDRESSES		
Please list all previously used addresses. Click on Add Ano	ther to add an additional address.	
☐ I do not have any additional addresses		enter multiple names
Country:	United States of America	and addresses
Address 1: *		
Address 2:		
City: *		
State: *	~	
Zip Code: *		Remove Add Another

* Indicates required information

Next

VI. Background Check Components and Department of Motor Vehicle Information (if applicable)

This screen also lists the other components of your main background check and the name(s) under which each search will take place. Your name will auto-populate in these fields

If a driving check is required for your background check, you will be asked to provide your driver's license number and issuing state on this screen

Review this screen to ensure that your name is correct and any Department of Motor Vehicle license information is correct

CB Castle	Branch	Contact Us Logout
Place Order:		Chat With Us 6 7 8 9
STATEWIDE CRIMI	NAL NC	Go Back
Name *	State * North Carolina	
STATEWIDE MOTO	RVEHICLE	Enter Drivers License
Name *	Driver License State * Driver License Number	Information Here
NATIONWIDE FEDI	ERAL CRIMINAL	
Name *		
NATIONWIDE OIG	MEDICARE FRAUD	
Name *		

VII. Disclosing Criminal History:

Scroll to the bottom of the screen to the "Previous Records" section (the last item on the screen)

You are asked to respond as to whether you have any "Adult Criminal History" to disclose.

Please select "No" if you have never had a conviction (driving, criminal, or otherwise) since age 18.

Select "Yes" if you have ever been convicted of an unlawful offense

Selecting "Yes" will open additional fields where you will enter the details of your conviction(s)

*You will not be permitted to go to the next screen without making a selection

SOCIAL SECURITY ALERT

Name*

RESIDENCY HISTORY

Name*

DOCUMENT MANAGER

Name *			
R C 🗸			
PREVIOUS RECORDS	You must either select Yes or No		
Have you had any prior adult criminal history?	before moving to the next screen		
* Indicates required information		Next	

VII.	Disclosing	Criminal His	story (Continued):
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Enter the conviction information in the fields provided

Eı cor info *Please include all convictions, even if you think the incident was minor.

Convictions include guilty pleas, guilty verdicts, prayers for judgement (PJC) and non-contested charges for any unlawful offense including driving infractions (i.e. speeding tickets, DUI, etc.)

*State law allows you to exclude any arrest, charge or conviction that has been expunged.

	RESIDENCY HISTO	ORY		
	Name *			
	R C 🛩			
	DOCUMENT MANA	AGER		
	Name *			
	R C 🛩			
iter all iviction	PREVIOUS RECOF	RDS		
rmation here	Have you had any prior adult crimi	inal history? Yes 🗸 *		
	State *	County *	Offense *	Did this offense occur within the past 7 years? * ⊖Yes ⊖No
	Year of Offense Add Another		Level of Offense	Y
	* Indicates required information			Next

Enter your highest post-secondary degree earned information in the fields provided.

*If you do not have a degree or have an International (Non-US) degree, do not complete these fields; **STOP** and contact your department representative immediately

*Do not enter High School information on this screen

C Castle	Branch		Co	ntact Us Logout
Place Order:				
		5	-(7)	
EDUCATION HIST	ORY			
EDUCATION HIST Please enter the highest level of e	ORY education completed			
EDUCATION HIST Please enter the highest level of e School or Institution Name: *	ORY education completed			
EDUCATION HIST Please enter the highest level of e School or Institution Name: * Country: *	ORY education completed United States of America			
EDUCATION HIST Please enter the highest level of e School or Institution Name: * Country: * City: *	education completed			
EDUCATION HIST Please enter the highest level of e School or Institution Name: * Country: * City: * State: *	education completed			
EDUCATION HIST Please enter the highest level of e School or Institution Name: * Country: * City: * State: * Phone Number:	education completed			
EDUCATION HIST Please enter the highest level of e School or Institution Name: * Country: * City: * State: * Phone Number: Type: *	education completed			
EDUCATION HIST Please enter the highest level of e School or Institution Name: * Country: * City: * State: * Phone Number: Type: * Degree:	education completed			
EDUCATION HIST Please enter the highest level of e School or Institution Name: * Country: * City: * State: * Phone Number: Type: * Degree: Graduation Date:	education completed			
EDUCATION HIST Please enter the highest level of e School or Institution Name: * Country: * City: * State: * Phone Number: Type: * Degree: Graduation Date: Name during attendance:*	education completed			

IX. Professional Licensure (if applicable):

Enter your professional license information in the fields provided

Examples include medical or nursing licenses, LPC or LCSW, or other professional certifications

*If you do not have a professional license, do not complete these fields.

***STOP** and contact your department representative immediately



X. Order Review

Review the information that you have entered so far

Click the "Go Back" button to return to previous screens and make edits/corrections

To go to a particular screen or section, click the pencil icon 🧳 beside the section and make the necessary edits

*Be sure to confirm that your name, date of birth and social security number are entered correctly

CB Cas	tle Branch	Contact Us Logout
Place Order:		Chat With Us
		Go Back
ORDER REVI	EW	
Company Name: CAC:	UNC Chapel Hill - Human Resources - Online UH65	
Personal Information		
Your Name: DOB: SSN:	R C 01-01-2001 000-00-0000	
ORDER INCL EMPLOYEE + DMV, DE Statewide Criminal NC	UDES GREE & LICENSE	
⊘ Name:	R C State: NC	
Statewide Motor Vehicle Name:	e RC State:NC D/L#:02145782	
Nationwide Federal Crir Ø Name:	ninal P C	
Nationwide OIG Medica Ø Name:	re Fraud R C	
Nationwide OIG Medica	re Fraud R C arment R C	
Nationwide OIG Medica Nationwide Federal Det Nationwide Record Indi	re Fraud R C arment R C	
Nationwide OIG Medica P Name: Nationwide Federal Det Name: Nationwide Record Indi	re Fraud R C arment R C cator with SOI	
Nationwide OIG Medica Nationwide Federal Det Nationwide Rederal Det Nationwide Record Indi	re Fraud R C arment R C eator with SOI	

X. Order Review (Continued)

Click "Submit" once you have reviewed your information for accuracy.

```
Nationwide OIG Medicare Fraud
  Ø Name: R C
Nationwide Federal Debarment
          Name: R C
   0
Nationwide Record Indicator with SOI
          Name: R C
   0
Social Security Alert
  Ø Name: R C
Residency History
  Ø Name: R C
Verification Education
   Name: R C School/Institution: UNC Chapel Hill
Verification Professional License
   Name: R C License Number: 123456 License Type: Test Issuance State: NC
Document Manager
```

Name: R C

SUBMIT

You will receive confirmation that you have entered the information necessary to begin your background check.

This is <u>NOT</u> the end of the process!

Please read the "**Next Steps**" section and click "**Next**" to follow the steps to sign your Disclosure and Authorization Release and answer a required supplemental question

*Do not skip the next steps. Your background check will be canceled if the next steps are not completed.



Contact Us Logout

Place Order:



ORDER CONFIRMATION

Thank you.

Your order has been submitted.

Print Confirmation Page

Next Steps:

- 1. Click "Next" below to access your myCB account to determine if you have additional items to complete.
- 2. You will receive an email with your order confirmation attached.
- 3. Your order confirmation can also be accessed through your myCB Document Center.
- 4. Log in to your myCB account by going to castlebranch.com and entering your username (the email address used during order placement) and your secure
- password OR download the myCB app to your smartphone. From within your account you can take action on any pending requirements and view final results.
- 5. Explore myCB for the other value-add features and benefits provided to you by myCB.
- 6. For assistance, access the Need Help? menu within your account or support.



XII. Disclosure and Authorization Release (E-Signature Process):

The Disclosure and Authorization Release (e-signature) section is used to give CastleBranch permission to conduct a background check search.

Click the blue "Disclosure and Authorization Release" link to begin the electronic signature process

*The "Download Form" link is the paper version of the Disclosure and Authorization Release which cannot be signed electronically. Only use this link if you intend to print, hand-sign and fax the release

**Please note the date listed at the bottom of the Background Check section- if you don't complete these forms by this date, your background check order will be cancelled.

	myœ	A CastleBranch Solution.
view profile		Need Help?
Submitted documentation typically takes up t rejected, you can view the reason by selectin invite you to contact our User Support Team There are important changes to the Pennsylv	o 48 hours to review (excluding weekends). Once reviewed, your documentation will be marked "COMPLETE" g the rejected requirement, and reviewing the paragraph directly below the requirement name. If you have que at 888-666-7788, Option 1. ania Fingerprinting process that you should know about. Please click HERE for additional information.	or "REJECTED". If your documentation is stions regarding a specific requirement(s) we
MESSAGES (0)	To-Do Lists	
😰 TO-DO LISTS	Click the blue plus signs below to expand your requirements.	
DOCUMENT CENTER *	Background Check	🦺 1 Alert
RESOURCE CENTER	Disclosure and Authorization Release	Due Date: 08/14/2018 Incomplete
*Click this link to begin the electronic signature process	To complete and electronically sign, click Disclosure myCB and Authorization Release. OR Print your instructions and "Disclosure and Authorization Release" form. Download Form	7/31/2018 10:51:41 AM EDT
**Expiration Date	Your Background Check may be cancelled if your myCB C completed form is not returned by 08/14/2018.	7/31/2018 10:51:40 AM EDT

XII. Disclosure and Authorization Release (E-Signature process) continued:

Fill in each field in the Release Information section

Click "Continue with Esigning" button to continue

*Although some of the information required on this page was provided earlier in the process, the disclosure is considered a separate document and does not access information from your Personal Information page.

-Release Information-	
First Name	Tect
Middle Name	
Last Name	Test
Other Names (Maiden or Aliases)	
Date of Birth	2001-01-01
SSN	000-00-0000
Drivers License Number	
Drivers License State	
Phone Number	
Email	
Address	123 Home Lane
City	Chanel Hill
State	
Ζip	27599
County	
Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.	
California applicants or employees only: Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.	Click here to continue
Go Back Continue with Esig	Ining

XII. Disclosure and Authorization Release (E-Signature process) continued:

Disclosure and Authorization Release (E-Signature) continued:

The information entered on the "Release Information" page will automatically populate to a pdf version of the Disclosure and Authorization Release form.

The page will automatically scroll to the Applicant Signature section

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature	Date

For Employer Use Only: Please mark (✔) the searches to be conducted.			
tEmail			
Fax			
	For Employer Use Only: Please ma	For Employer Use Only: Please mark (✓) the s	For Employer Use Only: Please mark (/) the searches to be conducted. Email

XII. Disclosure and Authorization Release (E-Signature process) continued:

Once you have provided your electronic signature, scroll to the bottom of the screen and click on **"Submit Signature(s)"**.

*Your Disclosure and Release Authorization will be considered incomplete if you do not click "Submit Signature(s)", even if you can see your signature on the form

	Washington, DC 20580
 2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions 	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
Submit Signature(s)	

XIII. To-Do List: County of Residence:

Demographics Document Manager:

When the e-signature is complete, you will be returned to the CastleBranch To-Do List

The Disclosure and Authorization Release section will show "Complete"

Click the "+" sign beside the Demographics Document Manager section

The section will expand and you will be required to enter your county of residence

Type your county of residence into the space provided

Submitted documentation typically takes up to 48 hours to review (excluding weekends). Once reviewed, your documentation will be marked "COMPLETE" or "REJECTED". If your documentation is rejected, you can view the reason by selecting the rejected requirement, and reviewing the paragraph directly below the requirement name. If you have questions regarding a specific requirement(s) we invite you to contact our User Support Team at 888-666-7788, Option 1.

There are important changes to the Pennsylvania Fingerprinting process that you should know about. Please click HERE for additional information.

MESSAGES (0)	To-Do Lists
😰 TO-DO LISTS	Click the blue plus signs below to expand your requirements.
DOCUMENT CENTER V	⊖ Background Check
RESOURCE CENTER	Your background check cannot be processed until we have received the required form(s) below: Disclosure and Authorization Release
Click to Expand	Demographics Document Manager UH65 The next step in the consideration process is to answer the following question under the To-Do List. Once this question is complete, log out or exit your browser. Click the blue plus signs to expand your requirements. Service Desk Specialists are available to assist you with all aspects of your To Do Lists. Our hours are Monday-Friday 8am-8pm EDT and on Sundays 10am-6:30pm EDT. Reach us by chat from within your account, by phone at (888) 914-7279 or by submitting an inquiry.

XIII. To-Do List: County of Residence:

Demographics Document Manager:

Current County of Residence:

Click the "+" sign beside the Demographics Document Manager section

The section will expand and you will be required to enter your county of residence

Type your county of residence into the space provided

Click the "Submit" button

*Please put N/A if you listed a foreign address

1. Current County of Residence	lence	Incomplete
What is your current of Enter your answer int	county of residence? myCB o the text box below.	07/31/2018 10:50:50 AM EDT
Response	Type your county of	Submit
	🔻 🛛 residence in this box	

XIV. Confirmation Email and Next Steps:

Certified Profile To-Do List:

Both the Background Check section and the Demographics Document Manager section will read "Complete"

You have now completed all required portions of the online background check process and can logout



XIV. Confirmation Email and Next Steps:

Email Confirmation:

Once you have completed the background check, you will receive an email confirmation delivered to the email address that you provided during your online submission

You will receive an additional email when your background check is complete and your results are available to view online.



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XV. Results Notification Email:

You will receive an additional email when your background check is complete and your results are available to view online. The email will instruct you to log in to your account regarding your order.



XVI: Viewing Results on the CastleBranch website:

Once you log in to your account, under the To-Do Lists, Background Check section, you will see a button to the right of the screen that says "View Results". Click this button to open a PDF version of your background check results.

Please Note: <u>Completed results do not serve as an offer of employment or eligibility for appointment</u>. You must wait to be contacted by your hiring/appointing authority for information and guidance regarding next steps in the hiring/appointing process

