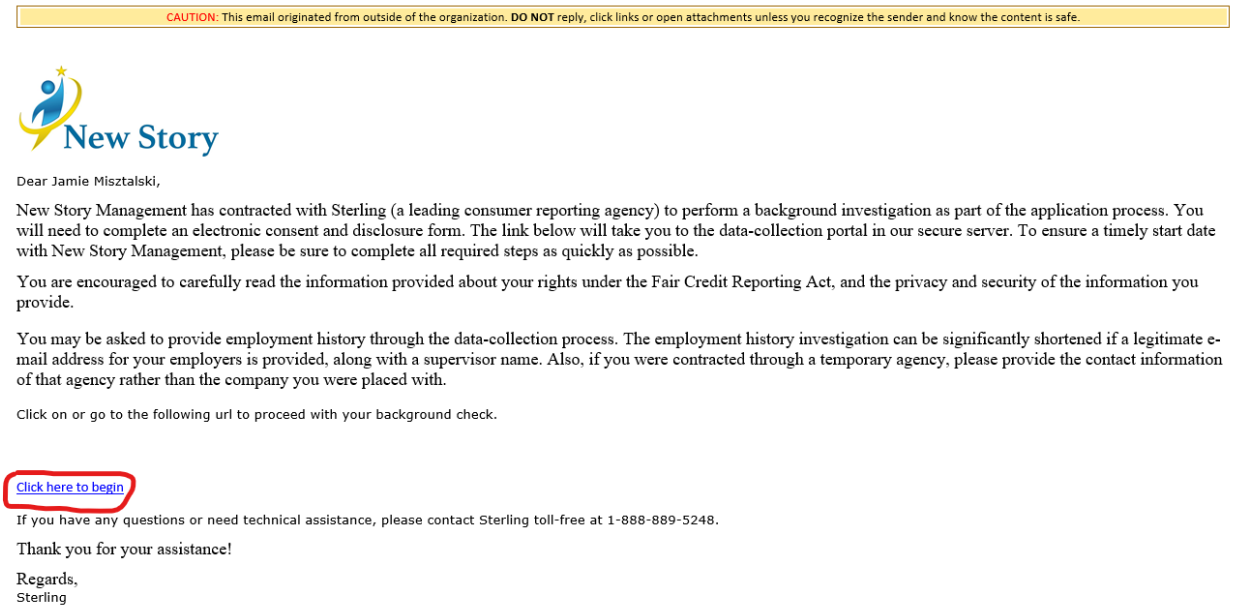
How to Complete and Submit Your Background Check:

1. Click on the blue “Click here to begin” link in your initial email to create your Sterling Workforce Portal Account.



CAUTION: This email originated from outside of the organization. **DO NOT** reply, click links or open attachments unless you recognize the sender and know the content is safe.

New Story

Dear Jamie Misztalski,

New Story Management has contracted with Sterling (a leading consumer reporting agency) to perform a background investigation as part of the application process. You will need to complete an electronic consent and disclosure form. The link below will take you to the data-collection portal in our secure server. To ensure a timely start date with New Story Management, please be sure to complete all required steps as quickly as possible.

You are encouraged to carefully read the information provided about your rights under the Fair Credit Reporting Act, and the privacy and security of the information you provide.

You may be asked to provide employment history through the data-collection process. The employment history investigation can be significantly shortened if a legitimate e-mail address for your employers is provided, along with a supervisor name. Also, if you were contracted through a temporary agency, please provide the contact information of that agency rather than the company you were placed with.

Click on or go to the following url to proceed with your background check.

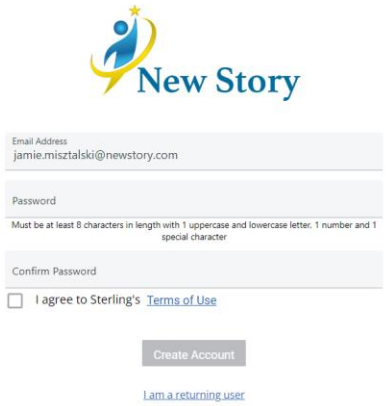
Click here to begin

If you have any questions or need technical assistance, please contact Sterling toll-free at 1-888-889-5248.

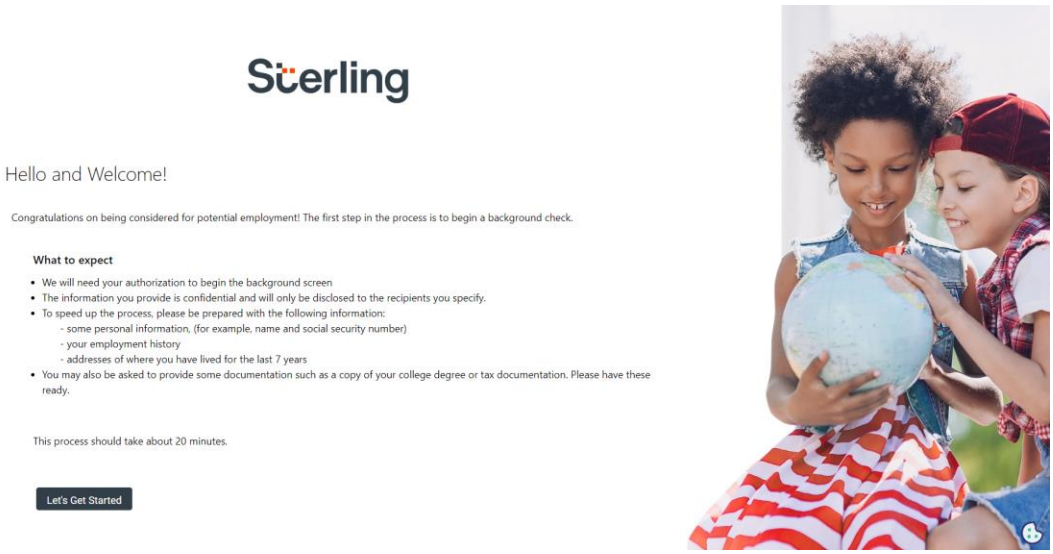
Thank you for your assistance!

Regards,
Sterling

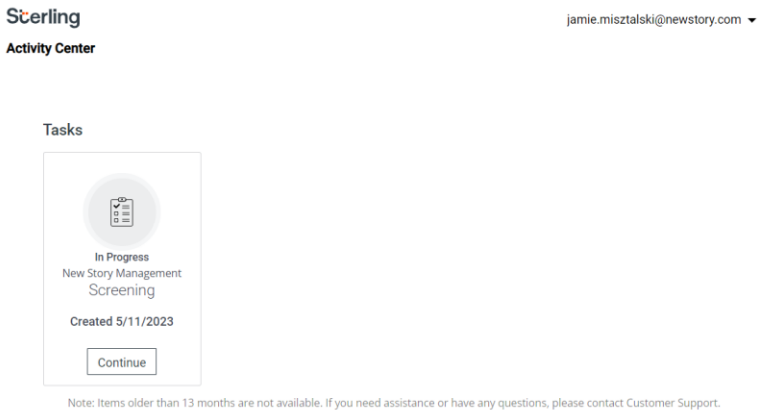
2. Your email address should already be populated. Create and confirm a password and check the “Terms of Use” box. Click “Create Account”



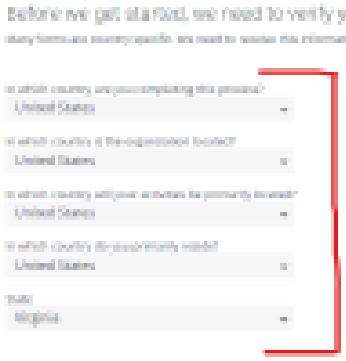
Once you have created your account, you will have a checklist of items to complete and submit before you account will be considered complete.



3. Click “Let’s Get Started”



4. Click “Continue” to enter your Country and State of reporting.



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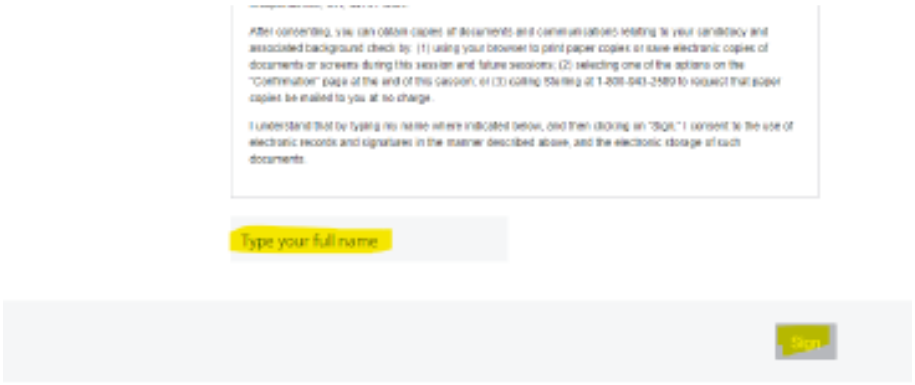
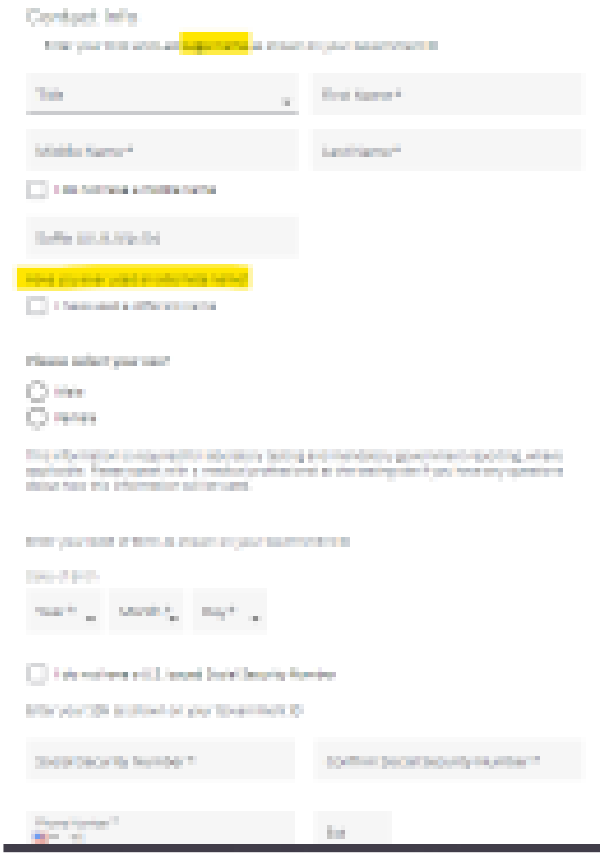
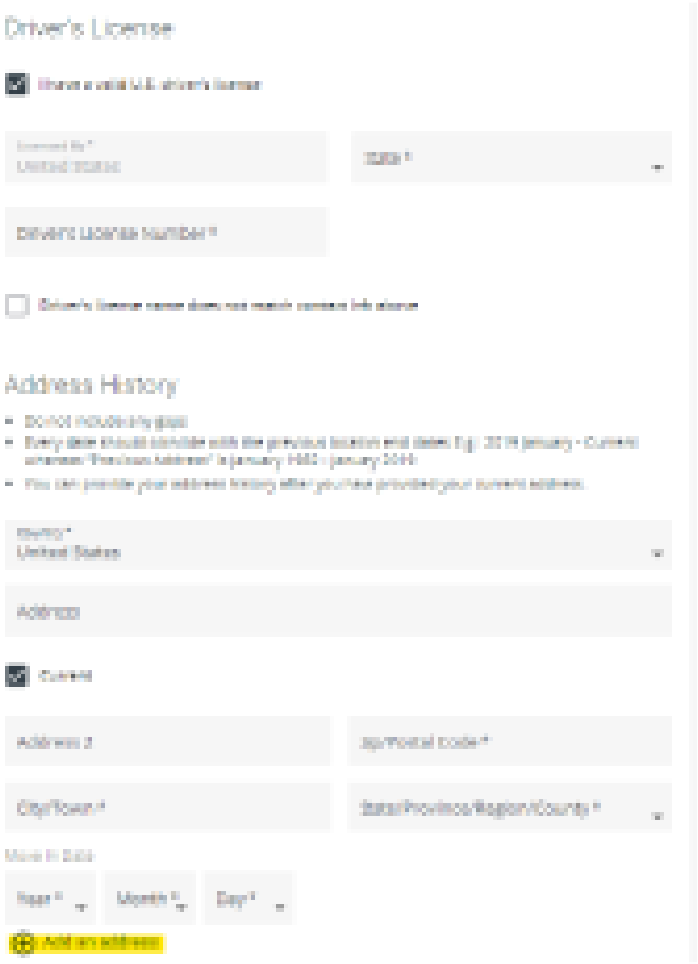
5. Electronically sign the consent forms.



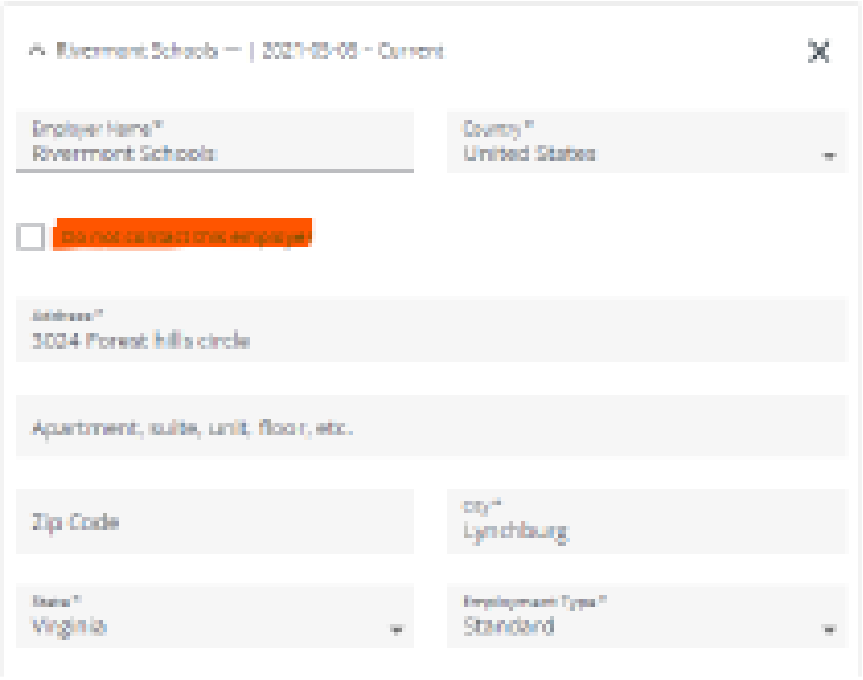
6. Input your private information using your Legal Government Issued name, sex, date of birth, and social security number. If you have been married or divorced and used a different name at any point, please include it in the 'alternate name' section.



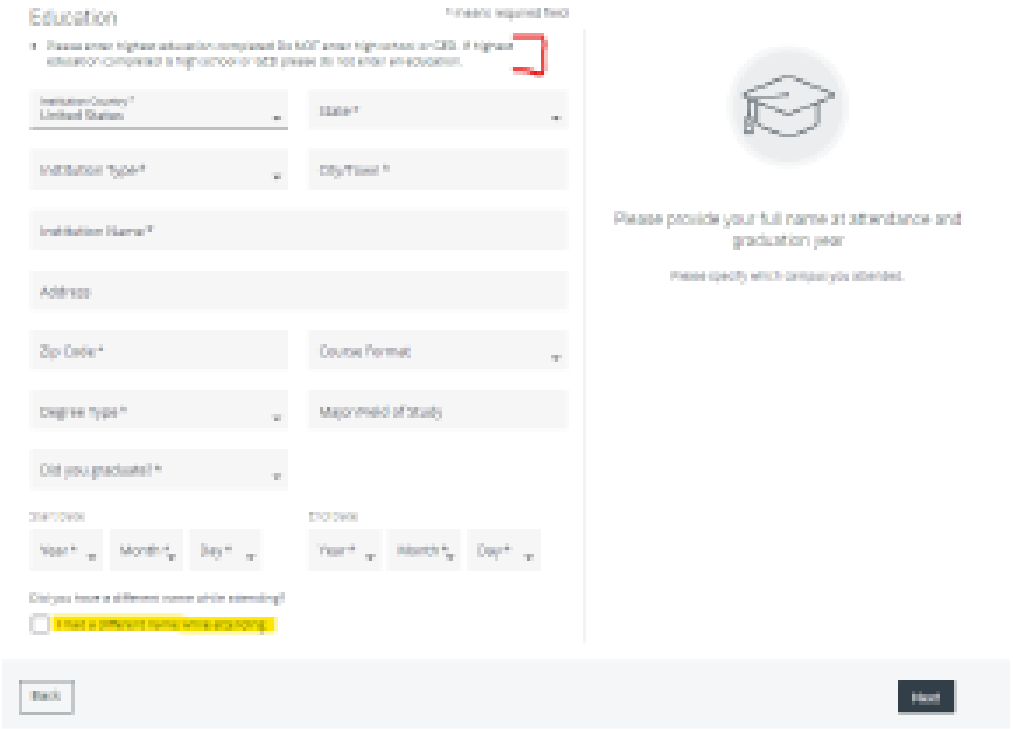
7. Next, enter your contact information, any and all aliases, DOB, SSN, Driver's License number, and Address history for a minimum of 7 years or 3 previous locations. Choose "Add an address" for each new location. NOTE: Dates can overlap but do not include any gaps. Click "Next"



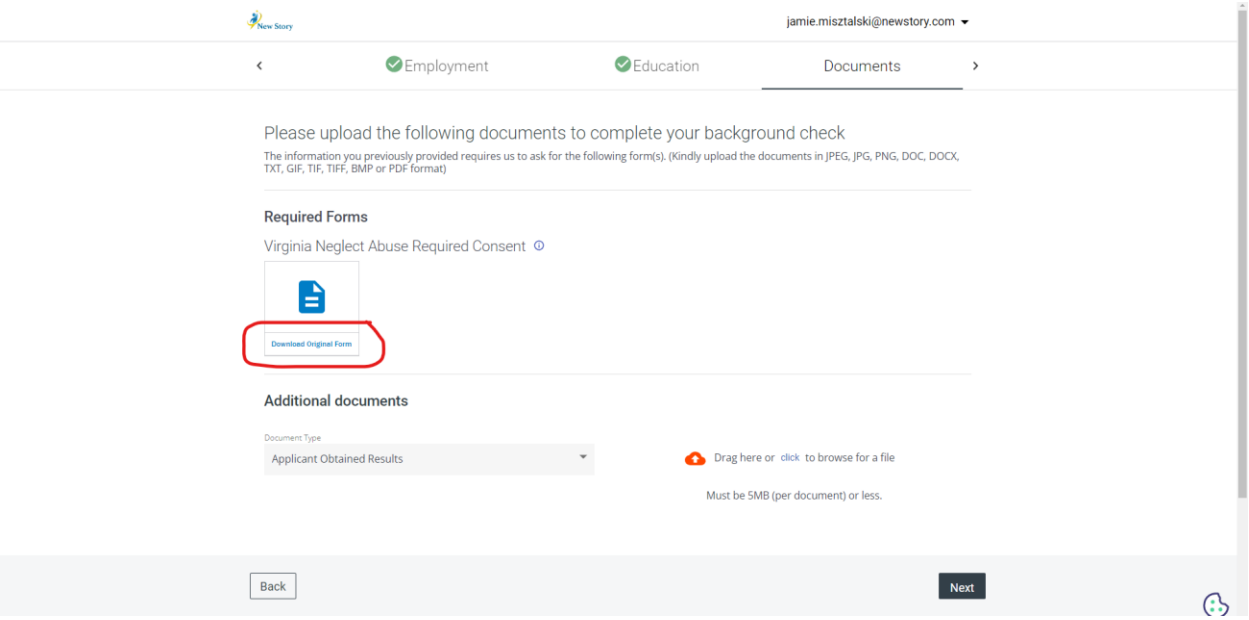
8. Enter the past 7 years of employment history* If you choose "Do not contact this employer" you will be required to submit 2 reference letters to your Human Resource team.
   *If you don't meet the 7 years of employment history requirement, please enter what you have, answer all the questions, check the box at the bottom "No additional employment to provide" and click "Next."



9. Next, input your highest completed level of education. If you completed your degree with a different legal name, please provide that information. Click “Next”



10. Next you will need to download the “Virginia Neglect Abuse Required Consent” form. Sterling will also email this to you, it’s the same form.



11. Once you open the form you will have a set of instructions. Please note that the address for Sterling Talent Solutions has changed and HAS NOT been updated online as of yet. Please use the address below.

Please mail to:
Sterling Talent Solutions
6150 Oak Tree Blvd.
Suite 490
Independence, OH 44131
United States
ATTN: Criminal/Abuse Team

12. Please note this instruction form differs from the downloaded version – this copy below is to highlight important changes specific to New Story.

VA Department of Social Services
Office of Background Investigations – Search Unit
801 East Main Street, 6th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form

Search Fee $10.00

INSTRUCTIONS

Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write "N/A".
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. ~~A $10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at $10.00 each will total $40.00). A $50 fee will be charged for all returned checks.)~~

   ~~All money orders, company/business checks, or cashier checks should be made payable to: Virginia Department of Social Services.~~

   New Story Schools covers this cost. Do not send money.

   ~~**Personal checks and cash will not be accepted.**~~
7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. ~~Mail your completed form and additional sheets (if used) to:~~

    ~~**Virginia Department of Social Services**~~
    ~~**Office of Background Investigations - Search Unit**~~
    ~~**801 East Main Street, 6th Floor**~~
    ~~**Richmond, VA 23219-2901**~~

    Sterling Talent Solutions will mail this to the VDSS. Only mail to Sterling.

032-02-0151-12-eng (08/15)

13. Fill out the highlighted areas in the consent form, paying close attention to the instructions for each box.

VA Department of Social Services
Office of Background Investigations – Search Unit
801 East Main Street, 6th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form

Search Fee $10.00

Purpose of Search, Check one: ☐ Adam Walsh Law ☐ Adoptive Parent ☐ Babysitter/Family Day Care ☐ CASA ☐ Children's Residential Facility ☐ Custody Evaluation ☐ Day Care Center ☐ Foster Parent ☐ Institutional Employee ☐ Other Employment ☐ School Personnel ☐ Volunteer ☐ Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name	STERLING TALENT SOLUTIONS
Address	6150 OAK TREE BOULEVARD SUITE 490
City	INDEPENDENCE State OH Zip 44131
Contact Name	ABUSE DEPT Tel.# 800-853-3228 Ext 4950
Contact E-Mail	CARSupport@sterlingts.com

Payment/FIPS Code (Use only if assigned by OBI-CRU)

Mandatory if agency code has been assigned

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")

Maiden Name (last name before marrage)	Sex	Date of Birth (MM/DD/YYYY)	Race
	☐ Male ☐ Female		

Driver's License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)

Current Address (Include Street # and Apt #)	City	State	Zip

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write "N/A"

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					☐ Male ☐ Female	
					☐ Male ☐ Female	
					☐ Male ☐ Female	

List all of your children: If you have none, write "N/A" Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Midle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				☐ Male ☐ Female	
				☐ Male ☐ Female	
				☐ Male ☐ Female	

VA Department of Social Services
Office of Background Investigations – Search Unit
801 East Main Street, 6th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form

Search Fee $10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

_____ _____

Signature of person whose name is being searched (Sign in presence of Notary)

Parent or Guardian signature required for minor children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____ Notary Seal

Acknowledged before me this _____ day of _____, year_____

_____ _____

Notary Public Signature **Notary Number**

My Commission Expires: _____

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

_____

_____

_____

_____

_____

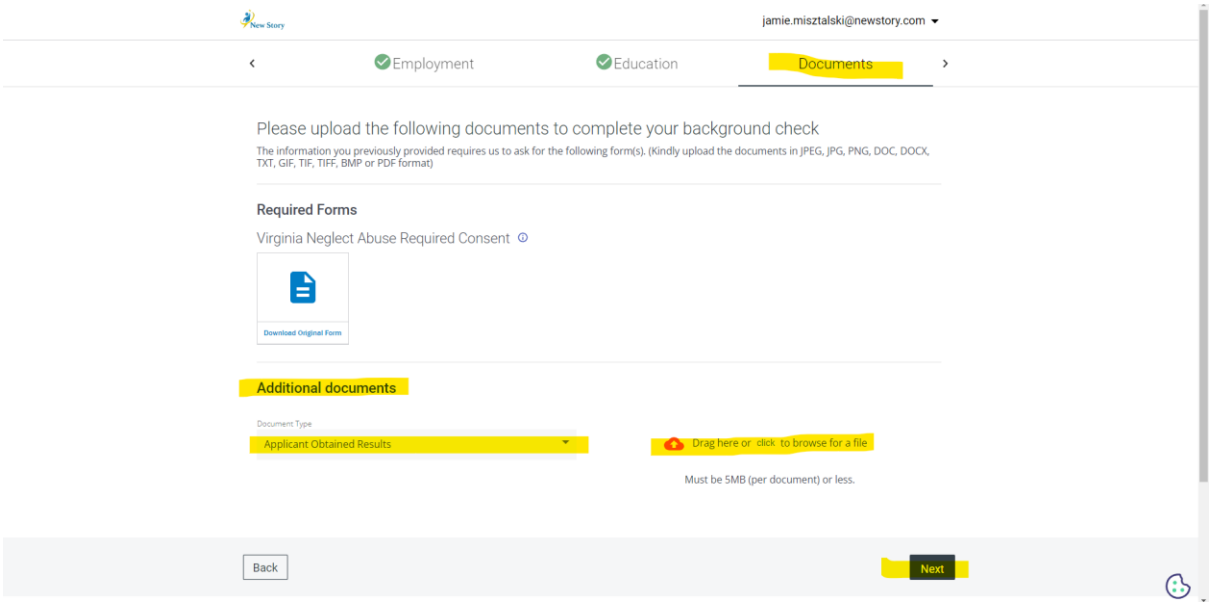
Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

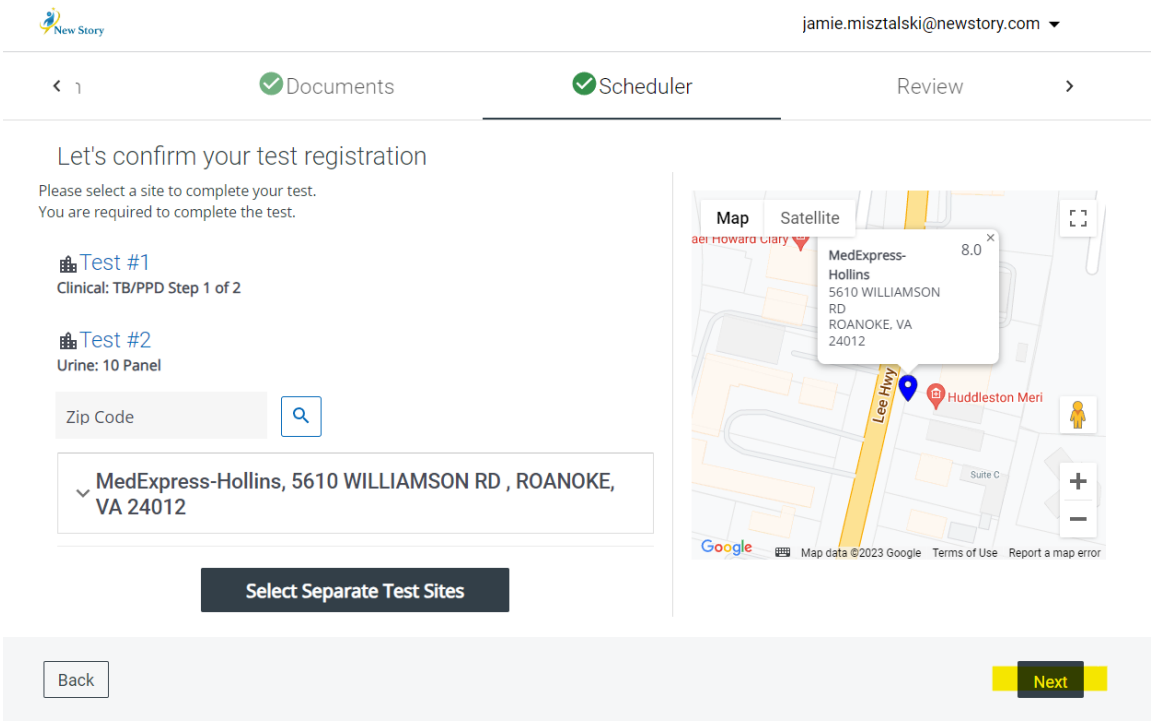
_____ Dept. of Social Services in reference to referral _____ phone#_____

Dept. of Social Services in reference to referral phone#

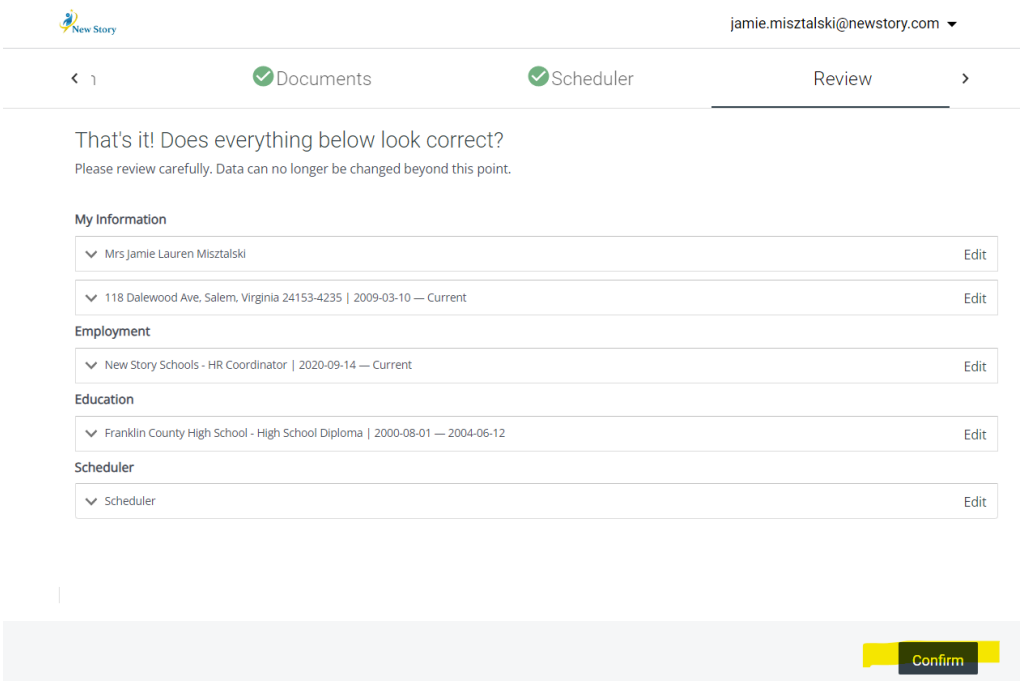
14. Once you have completed this form in its entirety, you will need to have it notarized and mailed out with a tracking number. Our Office Managers at each school are notary publics, however you may take it to any notary public you wish. Once notarized, you will need to take a picture or scan of the notarized document as well as your tracking number and upload it into your Sterling Workforce Portal under the "Documents" section using "Applicant Obtained Results" as the document type. Our Office Managers are able to mail this out for you with a tracking number as well. **The search fee is covered by New Story – DO NOT SEND MONEY!**



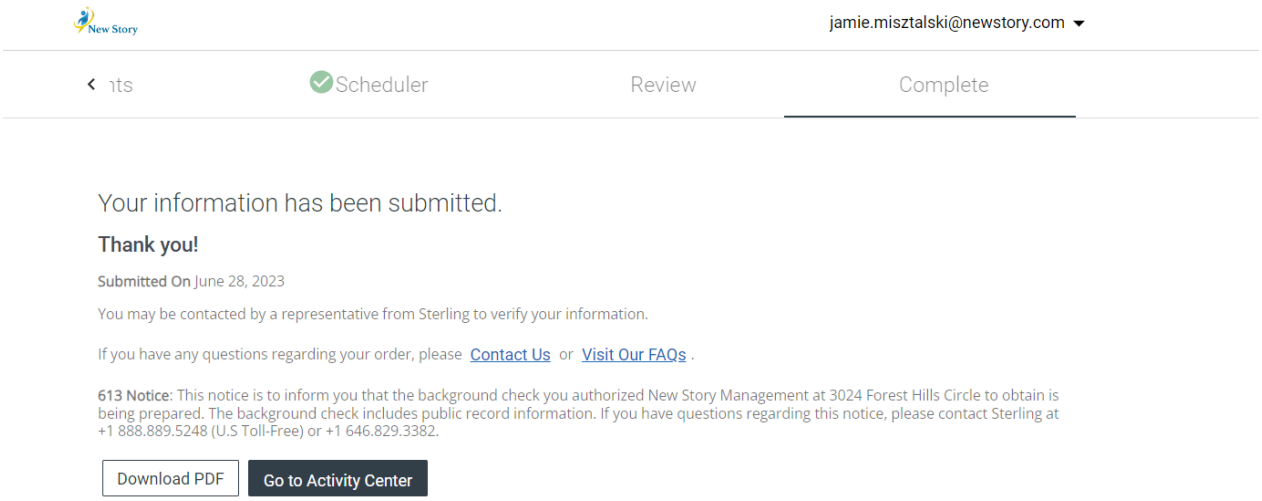
15. Once you have completed these steps you will click "Next" to schedule your facility registration for your Urine Drug Test and TB Test. You may type in your zip code to find the closest facility to you. Once you choose your facility(ies) Click "Next"



16. Once you click “Next” you will be taken to the Summary screen where you will want to confirm all of the information entered is correct. Then click “Confirm” If you do not click “Confirm” it will not be submitted fully and HR will not be able to access your progress or results.



17. Once you see this screen, you have successfully submitted your background check.



***** If you have any technical difficulties during the process, call 888.889.5248 and use New Story's client extension of 6658 *****