

# How to use mybackgroundcheck.com

Link: <https://www.mybackgroundcheck.com> or <http://www.mybackgroundcheck.com>

- Click on the American Red Cross Background Check (white box)

The screenshot shows the MyBackgroundCheck.com website. At the top, there is a banner with the logo and the text "Get the green light faster" next to photos of three people. Below the banner, the page is divided into two main columns: "Individuals" and "Businesses & Groups".

**Individuals:** This section includes a login form with fields for "Login Name:" and "Password:" and a "GO" button. Below the login form is a "New User / Forget Password?" link. A prominent blue box contains the text "Order Your Background Check! Enter your order code below." and another "GO" button. Below this, it says "Don't have an order code? Select from one of our specialized programs below:" and lists several programs with circular icons: "J.C.A.H.O. College Student Clinical Intern Program", "Renter Program", "Job Employment Program", "J.C.A.H.O. College Directors", "Landlords/Property Managers", and "Employers".

**Businesses & Groups:** This section includes a "View Details:" link and a "View Sample Certificate!" link. It also features a "How does it work?" section with questions like "How long does it take?", "How much does it cost?", and "How accurate is it?", followed by a link to "Click here for answers to these FAQs and more."

**Right Side:** A white box at the bottom right contains the American Red Cross logo and the text "Background Check Initiatives CLICK HERE".

- Click on **Request a Background Check**

**REQUEST A BACKGROUND CHECK**

For assistance with this web process please call 1-800-503-2364 ext 405. Or please contact your unit of affiliation.

- Click on **DE** (State of Delaware - Do not use MD)



- Click on **ARC of the Delmarva Peninsula**

Click on a Red Cross Unit to continue.

<b>ARC of the Delmarva Peninsula</b>	Wilmington	DE
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- Click on **Click here to get started**

ted the process, the American Red Cross Unit will

**Click here to get started**

- Select your roll with the American Red Cross (only one) , and then click on **Continue**

What is my Red Cross role  
for the purpose of this background check?

- I am a current employee
- I am a current volunteer
- I am an applicant for employment
- I am an candidate to volunteer

**Continue**

- Read carefully and select the first agreement ( **I Agree** )

Disclosure Regarding Background Investigation

I Agree  
 I Do Not Agree

- Read carefully and select the second agreement ( **I Agree**), the “free copy of your consumer report” is optional.

I request a free copy of my consumer report.

You may obtain information or copies from RED CROSS's Investigative report & your receipt of such copies, to the extent available, by contacting MyBackground Department, P.O. Box 491570, Redding, California 96049 or by a toll free fax

This Disclosure and Authorization statement above, in the original, copy, or e-mail and through the period of time EMPLOYER considers my application for a position with RED CROSS. I agree with all of the provisions contained herein and by clicking the "I agree" button below, it is my intent to be bound by the above Disclosure and Authorization statement. I understand that this document will be given full legal recognition as if I had signed this document. I have been given an opportunity to print a copy of this Disclosure statement. Furthermore, I understand that if I am unable to print a copy of this Authorization, I may request a copy from MBC be mailed to me at the address above.

By clicking the "I agree" button below you are stating that you have read and understood the above "Disclosure and Authorization" forms above. Further, if you agree to the above "Authorization" forms above, click the "I agree" button below. If you do not agree to the above "Authorization" forms above, click the "I do not agree" button below. By clicking the "I do not agree" button below, your application for a position will be cancelled.

I Agree  
 I Do Not Agree

- Fill the following information and then click **Continue**

Please enter the following required data.

First Name: * <input type="text"/>	
Middle Name: <input type="text"/>	
Last Name: * <input type="text"/>	
Address: * <input type="text"/>	City: * <input type="text"/>
State: * <input type="text" value="Select One"/>	Zip Code: * <input type="text"/>
SSN/Gov ID Type: * <input type="text" value="Select One"/>	Date of Birth: * <input type="text" value="MM/DD/YYYY"/>
SSN/Gov ID #: * <input type="text"/>	Mothers Maiden Name: * <input type="text"/>
Phone: <input type="text"/>	Email: <input type="text"/>
Drivers License Number: <input type="text"/>	Drivers License State: <input type="text" value="Select One"/>
Drivers License Issue Date: <input type="text" value="MM/DD/YYYY"/>	Drivers License Exp. Date: <input type="text" value="MM/DD/YYYY"/>

\* = Mandatory Field

THANK YOU!!! DONE!