St. Cloud Area Schools District
742 Applicant Entering
Instructions

If you have any questions, contact Taylor Moses at
taylor@mcdowellagency.com
651-644-3880
Click on the link provided by St. Cloud Schools District 742. Enter your **first name, last name** and **email address**. Click **Login**.

Read through the **ESIGN Act Disclosure and Consent** section and click on the **yellow check box** to agree to conduct the background screening process electronically.
Your name and today’s date will auto-fill below, enter the last four digits of your SSN and draw your signature with your mouse. You’ll only have to draw it once. Select “I Agree” and then Submit.

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Read through the Disclosure Regarding Background Investigation. Check the yellow box.
Approve of your signature and click **Submit**.
Read through the **Authorization for Background Investigation** section and check the **yellow box**.

![Authorization for Background Investigation section]

**Approve of your signature and click **Submit**.**

- **First Name:** TEST
- **Middle Name:**
- **Last Name:** TESTER
- **Date (mm/dd/yyyy):** 3/24/2022

![Signature field]

- **I approve the use of my signature.**
  - **I Agree**
  - **I Don’t Agree**

By selecting **I Don’t Agree** your application may be delayed or canceled.

![Submit button]
Read through the **Summary of Rights** section and check the **yellow box**.

![Summary of Rights]

Approve of your signature and click **Submit**.

- **First Name:** TEST
- **Middle Name:**
- **Last Name:** TESTER
- **Date (mm/dd/yyyy):** 3/24/2022

![Signature]

- **I agree** or **I don't agree**

By selecting **I Don't Agree** your application may be delayed or canceled.

![Submit Button]
Read through the ** Notices. You can request a copy of your consumer report on this page by checking the box.**

Check the ** yellow box** to confirm you’ve read the above notices.

Approve of your signature and click **Submit.**
Enter your **Personal Information** and click **Next**.

Your name will auto-fill. Everything marked with a red asterisk (*) is required.

Fill out any **Aliases** (maiden names, etc.) you have used and click **Next**.
Enter your Social Security Number and Date of Birth. If you have any additional forms you’d like to upload, you can do that here as well. Click Next.
Read through the **Certification**, approve of your signature, enter the last four digits of your SSN and click **I Agree/Submit**. Only click submit once, clicking multiple times may result in multiple requests.

You should receive a confirmation page – keep a copy of this for your records. If you do not receive one, please contact The McDowell Agency, Inc. before trying to submit again.