USA Vendor Pre-Engagement Screening (PES) Initiation Guide Category 2 Supplier Personnel (Exception Basis)

Last Update: July 23, 2021

Overview

Pre-Engagement Screening (PES) is conducted on an exception basis for select suppliers as approved at JPMC's sole discretion.

These instructions are to be followed for select Contingent Workers (i.e., Category 2 Supplier Personnel) who do not require an ID Badge but provide a service to JPMC that may require them to have access to JPMC data or property or its customers (tangible or intangible) and who are not considered Category 1 Supplier Personnel.

Screening requires workers to get fingerprinted for a criminal background check.

For Technical Issues regarding your FBI Consent application, please contact:

• Application Station Help: 1 (888)-291-1369 ext. 2006

For Technical Issues regarding your fingerprint appointment, please contact:

• Fieldprint Help: +1 (877)-614-4362

For General Questions, please contact JPMC Global Workforce Screening team:

- Telephone: 1 (201)-595-5200
- Email: <u>GWS.Contingent.Workers@chase.com</u>

NOTE: Additional screening will be required if access to JPMC systems and/or ID Badge is needed.

All Personnel must be fingerprinted and cleared by Global Workforce Screening prior to their assignment with JPMorgan Chase.

JPMC will only disclose eligibility for assignment at JPMorgan Chase – no details of the screening results will be provided to the Supplier.

United States Pre-Engagement Screening Instructions

Pre-Requisites:

When filling out the application, follow these important instructions:

- Use full Legal name on application
- Confirm you enter the correct Social Security Number
- You MUST include an applicable JPMC Cost Center
- Provide Agency name; the company you are directly employed by

Step 1: Capture FBI Consent:

- 1. Supplier instructs candidate to visit <u>Application Station 2.0</u> site.
- 2. Enter code "FPCVENDOR" in the Application Station Code section
- 3. Complete all required fields and sign Consent
- 4. Submit Application

Note: it is an FBI requirement to capture this consent form specifying the purpose of why JPMC is collecting fingerprints. This step must always be performed BEFORE scheduling an appointment in step 2.

Step 2: Schedule Fingerprint Appointment:

- 1. Supplier instructs candidate to visit <u>Fieldprint</u> site.
- 2. Worker creates an account by clicking "Schedule an Appointment"
- 3. Once signed in, use the Fieldprint code **FPCVENDOR**
- 4. Complete personal and demographic information (must use legal name)
- 5. The following fields are required:
 - Agency Name
 - Billing Code/Cost Center
- 6. Candidate can now schedule his or her appointment

See next section for detailed step-by-step guidance on completing this application.

Note: The screening turn-around-time varies from 2 to 10 business days or more, depending upon a worker's responsiveness to any requests for additional information.

Step-by-Step Instructions

Account Creation:

- 1. Click the <u>Fieldprint</u> link to access the online appointment scheduler
- 2. Once on the application page, you will be required to make an account by filling out all necessary fields

👏 field print			English Español Français							
		RPRINTING PROGRAM ANKS & CREDIT UNIONS								
	Welcome to the fingerprinting appointment scheduling web site. To schedule a fingerprint collection appointment, your institution must have an account with BIG. When your institution asks you to schedule a fingerprint collection appointment, they provide you with a unique Fieldprint code. You are asked for this code after you create a Fieldprint account. This unique Fieldprint code is the key to the fingerprint collection and submission process. If you do not have this code, please ask your institution to provide it to you.									
	you can schedule an appointment. The account rem nts. The account is deleted once your fingerprints are	ount remains active only prints are successfully								
	If you need assistance or have any question 877-614-4362	s about using this Web site, please contact our custo	mer service team at							
	By logging into this system, the user acknowl (2) It is for authorized use only; (3) Use of this Unauthorized or improper use of the system i	edges and agrees as follows: (1) That this is a restricte system constitutes consent to security monitoring an s prohibited and may be subject to criminal and/or civi	ed computer system; d auditing; (4) I penalties.							
Pequired items are marked with *										
required items are marked with										
New Users Sign Up		Existing Users Sign In								
If you are a new user, please	register with Fieldprint® in order to	If you already have an account, please log in below to	.							
your e-mail address below.	Sign are registration process by entering	Check your appointment status Re-schedule your appointment								
Email address: *		 View and print your receipt 								
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			Forget Password?							
©Copyright 2	2009-2019. Fieldprint, Inc. Terms & Conditions	Sign In Fieldprint Privacy Policy FBI Privacy Act Statement								

3. After account creation, you will be prompted to enter a Fieldprint Code. Use FPCVENDOR

BIG	Reason	•	We value y secure at A	our personal information and keep LL times. <u>Privacy Statement</u>	ing it	Your information is a You can log in and c
Fieldprint Continue	Code ve a Fieldprint® code, please contact the er) nployer or org	ganization	that sent you to this website	2.	
	Copyright 2009-2019. Fieldprint, Inc.	Terms & Co	onditions	Fieldprint Privacy Policy	FBI Privacy	/ Act Statement

Application Section 1: Personal Information

1. Fill out the entire Personal Information section of the application

	Persona	I Information	- 🔒	We value your personal in secure at ALL times. Priva	formation and keeping it cy Statement	Your information is saved as you complete each step. You can log in and continue at any time.			
Required items are r	marked with *								
Please enter yo NOTE: The info name and mus appointment wi	our personal inform ormation entered o st match both forn ill not be complete	nation below. ⑦ In this screen must belong to ms of identification exactly d if you cannot provide two f	o the pers y. The Da forms of n	on being fingerprinted. te of Birth provided mu natching identification.	The name provided for t ist also be on the primary	the appointment must be your full, legal form of ID, and must match exactly. Your			
Acceptable	Forms of ID	7							
First Name: *	M	iddle Name:	Last Na	ime: *	Suffix:				
					Select V				
Please enter an aliases.	ny other names or	aliases you have used. If yo	ou have us	sed more than one alia	s, please click the "Add a	another name" button below to enter other			
First Name:	м	iddle Name:	Last Na	.me:	Suffix:				
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+ Add anothe	ar name 🛛 🕐								
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Preferred	Contact	Method: ^							
O Phone	⊖ E-mail	0							
Appointment Reminder: * Would you like a message appointment reminder sent the day of your appointment? O Text Message O E-mail: • No ?									
Save an	d Continu	e							

Application Section 2: Additional Information

1. Fill out all required fields marked with *

	Additional Inform	nation 🔒	We value your personal information and ke secure at ALL times. <u>Privacy Statement</u>	eping it Your information is saved as you complete each step. You can log in and continue at any time.
Required items are	e marked with *			
The employer Contact Pho Work Address	r or organization that sent you to this w me: * ss 1: * s 2: ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦	rebsite or the process	sing agency requests the following a	dditional information.
Work City: * Work State: Select	*			
Work Zip Co Cost Center: Applicant St	nde: * ⑦ : * ⑦ andard ID (all 0's if unknown): * ⑦			
Manager Nar	me: * Continue Back			

Application Section 3: E-consent Waiver

1. Click Agree and complete information. You can click "Save and Continue"

anolination obtained using my imgerprints, is valid now as well unoughout the course of my contract, employment, volunteering, and/or incensing, as may be anolinately with ORGANIZATION where permitted by law
applicable, man or construct roll, million por material by fam.
I Agree: *
Your Full Name: *
V
Today's Date:
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wonth* Day* Tear*
TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS
REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS <u>STRICTLY PROHIBITED</u> FOR ANYONE ELSE TO
PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL
CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.
Save and Continue Back

Application Section 4: Schedule Your Visit

1. Enter an address or zip code to find nearby locations and select a desired fingerprint location

Schedule You	ur Visit 🛛 🔒	We value your personal information and keeping it secure at ALL times. <u>Privacy Statement</u>
Required items are marked with *		
Find a Location	Use your home address	
Please enter your home, work, or other	convenient address below	and click the Find button. * 🛛 🕐
		Find

2. Select your fingerprinting appointment date and time and click the "Schedule" button

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	Enter a date (mm/dd/yyyy) or s	elect a	in av	aila	ble	date	fro	m th	ne calei	ndaı	г:					
1 / 0 / 2020	<	< January 2020						February 2020 >								
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		5	6	7	8	2	3 10	11	2	3	4	5	6	7	8	
	Get Available Times	12	13	14	15	16	17	18	9	10	11	12	13	14	15	
		19	20	21	22	23	24	25	16	17	18	19	20	21	22	
	Select an available time on: JANUARY 9, 2020	26	27	28	29	30	31	2	23	24	25	26	27	28	29	
	Morning: Before 12 PM Afternoon: 12 PM - 5 PM 1:40															
	Evening: Select															
	Schedule	lose														

3. After clicking "Schedule", you will be prompted to verify the appointment details are correct. The appointment will ONLY be scheduled once you click "Continue" on this prompt

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Application Confirmation

1. Save your confirmation details after booking your appointment. You will also receive an e-mail confirmation

Appointment # 7219227 for mee ron is scheduled for:	Print Receipt									
October 25, 2019 at 9:00 AM	Get Printable Directions									
Please print this appointment confirmation and bring it with you to your appointment. If you are unable to print this information, please be sure to provide your Appointment Number to the technician at the time of your appointment.										
A digital photograph will be collected at the time of your appointment. Please note: Please do not wear anything on your face or head. Prescription glasses are acceptable, unless they are polarized. Religious items do not need to be removed. The digital photograph must be a clear, centered photograph of your head and shoulders.										
Your registration information will also be emailed to you for additional reference. If an ema within one hour, please contact Fieldprint® at 877-614-4362	ail is not received									
Your Appointment Location Liberty Postal Business Center 2560 King Arthur Boulevard Village Shops Of Castle Hills; Suite 124 Lewisville, TX 75056	Store Front									