



# Application for Employment

Resumes may be submitted with the application but may not be substituted for a completed Application. The Application must be entirely completed to receive full consideration. Use only black or blue ink. Do not use pencil. Applications will remain on file for six months, after which, a new one must be submitted to receive continued consideration. If you are considered for a position you will be contacted by CLASS LTD officials for an interview.

Personal Information			
NAME (LAST, FIRST, MIDDLE)			
SOCIAL SECURITY NUMBER		DATE OF APPLICATION	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	
DO YOU HAVE A CURRENT VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT STATE?	DL#
WHAT TYPE OF LICENSE IS IT? <input type="checkbox"/> OPERATOR'S <input type="checkbox"/> COMMERCIAL		DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Desired Employment							
POSITION				DATE AVAILABLE TO START WORK			
LOCATIONS YOU ARE AVAILABLE TO WORK (CHECK ALL THAT APPLY) <input type="checkbox"/> PITTSBURG <input type="checkbox"/> PARSONS <input type="checkbox"/> COLUMBUS <input type="checkbox"/> INDEPENDENCE <input type="checkbox"/> COFFEYVILLE							
SCHEDULE YOU ARE AVAILABLE TO WORK							
DAY	SUN	MON	TUE	WED	THU	FRI	SAT
FROM							
TO							
ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO				ARE YOU WILLING TO WORK HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WERE YOU PREVIOUSLY EMPLOYED BY CLASS LTD? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, WHEN?			
DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK FOR CLASS LTD? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, LIST THEIR NAME(S) AND RELATIONSHIP(S)							
DO YOU KNOW ANY EMPLOYEES OF CLASS LTD? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, LIST THEIR NAMES.			
HOW DID YOU HEAR ABOUT THIS POSITION? <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> CLASS EMPLOYEE (LIST NAME) _____ <input type="checkbox"/> JOB FAIR <input type="checkbox"/> ONLINE (LIST SITE) _____ <input type="checkbox"/> OTHER (DETAILS) _____							

FOR OFFICE USE ONLY		
DATE RECEIVED:	ENTERED INTO GP:	INITIALS:

## General Information

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? (IF YES, DESCRIBE IN DETAIL ON A SEPARATE SHEET OF PAPER AND INCLUDE IT WITH YOUR APPLICATION. A PAST CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT.)

☐ YES ☐ NO

HAVE YOU EVER BEEN REPORTED TO KS DEPARTMENT FOR CHILDREN AND FAMILIES (FORMERLY SRS) FOR ABUSE, NEGLECT, AND/OR EXPLOITATION?

☐ YES ☐ NO

IF YES, WAS THE EVENT CONFIRMED? EXPLAIN.

DO YOU HAVE SKILLS, TRAINING, OR A CERTIFICATE FOR:

☐ CNA ☐ CMA ☐ HHA ☐ CPR/FIRST AID ☐ MANDT ☐ COMPUTER

ARE YOU SUBJECT TO ANY SORT OF NON-COMPETE, CONFIDENTIALITY, NON-DISCLOSURE, NON-SOLICITATION, OR SIMILAR AGREEMENT WITH A FORMER EMPLOYER? (IF YES, PLEASE PROVIDE DESCRIBE ON A SEPARATE SHEET OF PAPER AND PROVIDE A COPY OF THE AGREEMENT.)

☐ YES ☐ NO

LIST ANY OTHER RELEVANT SKILLS OR QUALIFICATIONS THAT WOULD BE OF BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING

## Employment History

LIST ALL CURRENT/PREVIOUS EMPLOYMENT FOR THE PAST 10 YEARS. START WITH YOUR MOST RECENT/CURRENT JOB. USE THE ATTACHED EMPLOYMENT HISTORY CONTINUATION SHEET IF ADDITIONAL EMPLOYERS NEED LISTED.

NAME AND LOCATION OF COMPANY	DATES OF EMPLOYMENT		SALARY		REASON FOR LEAVING
	FROM	TO	START	END	
JOB TITLE	JOB DUTIES				
TELEPHONE					
NAME OF SUPERVISOR					
NAME AND LOCATION OF COMPANY	DATES OF EMPLOYMENT		SALARY		REASON FOR LEAVING
	FROM	TO	START	END	
JOB TITLE	JOB DUTIES				
TELEPHONE					
NAME OF SUPERVISOR					
NAME AND LOCATION OF COMPANY	DATES OF EMPLOYMENT		SALARY		REASON FOR LEAVING
	FROM	TO	START	END	
JOB TITLE	JOB DUTIES				
TELEPHONE					
NAME OF SUPERVISOR					

## Education History

PLEASE COMPLETE THE INFORMATION BELOW REGARDING YOUR EDUCATION AND TRAINING. IF HIRED, YOUR EDUCATION LEVEL WILL BE VERIFIED. YOU MAY ALSO BE REQUIRED TO PROVIDE PROOF OF YOUR EDUCATION LEVEL AND TRAINING CLAIMED VIA A REPRODUCED COPY OF COLLEGE TRANSCRIPTS, HIGH SCHOOL DIPLOMA, GED CERTIFICATE, OR OTHER RELEVANT CERTIFICATES.

SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR SUBJECT AREA	LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA OR DEGREE EARNED
HIGH SCHOOL			9	10	11	12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

NOTE: HIGH SCHOOL GRADUATION OR EQUIVALENT (GED) MUST BE STATE ACCREDITED. IF YOU HAVE A GED CERTIFICATE INSTEAD OF A HIGH SCHOOL DIPLOMA, LIST THE NAME AND ADDRESS OF THE FACILITY FROM WHICH YOU RECEIVED THE GED IN THE HIGH SCHOOL ADDRESS BLOCK ABOVE. IF COLLEGE CREDIT IS EARNED BUT NO DEGREE, INDICATE THE TOTAL NUMBER OF SEMESTER HOURS EARNED IN THE DEGREE COLUMN ABOVE.

## Reference Information

YOU MUST PROVIDE THREE WORK- OR BUSINESS-RELATED REFERENCES WHERE THE PERIOD OF ASSOCIATION (YEARS KNOWN) HAS BEEN AT LEAST ONE YEAR FOR EACH. LISTING THESE REFERENCES GIVES CLASS LTD PERMISSION TO CONTACT THESE PEOPLE AND RELEASES CLASS LTD FROM LIABILITY FOR USING INFORMATION GIVEN BY THEM FOR EMPLOYMENT PURPOSES.

NAME AND OCCUPATION	PHONE NUMBER	YEARS KNOWN	RELATIONSHIP

PLEASE WRITE A PARAGRAPH DESCRIBING WHY YOU WOULD LIKE TO HAVE THE JOB FOR WHICH YOU ARE APPLYING.

## Pre-Employment Agreement

PLEASE READ CAREFULLY, PRINT YOUR NAME, AND INITIAL AND SIGN WHERE INDICATED BELOW.

I, \_\_\_\_\_, understand and agree that:

\_\_\_\_\_ 1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews, may be justification for refusal of employment, or, if employed, termination from employment.

\_\_\_\_\_ 2. Any offer of employment I may receive from CLASS LTD is conditional upon successful completion of the company's total pre-employment checks/tests such as motor vehicle records check, Office of Inspector General, tests for verbal, written, and/or technical skills, drug screening, Kansas DCF Child and Adult Abuse and Neglect Central Registry, KBI background check or other testing/checks deemed appropriate for the position for which I have applied.

\_\_\_\_\_ 3. In processing my application for employment, CLASS LTD has my permission to verify all the information provided by me or may procure or have prepared an investigative report for this purpose concerning my prior employment, education, military record, character, general reputation, motor vehicle record and criminal record. I understand upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

\_\_\_\_\_ 4. I understand no statements made to me in pre-hire interviews or discussions, or in recruiting materials of any kind, alter the at-will nature of my employment or imply that discharge will occur only for cause. If hired, in consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of CLASS LTD and understand that my employment can be terminated with or without cause or notice at any time, at the option of either myself or CLASS LTD.

\_\_\_\_\_ 5. I understand all employees will be required to submit to post-accident or reasonable suspicion Drug/Alcohol testing. If I am applying for a safety sensitive position, I will be required to be pre-screened for drugs and then randomly tested for the use of drugs and alcohol if employed.

\_\_\_\_\_ 6. I authorize and request that all of my present (unless I asked my present employer not to be contacted) and former employers and those individuals I have listed as personal references furnish information about my character and/or employment record, including the reason for the termination of my employment, work performance, abilities, and other personal qualities pertinent to my qualifications for employment. I hereby release them from any and all liability for furnishing the requested information. A copy of this release shall be as binding upon me as the original.

\_\_\_\_\_ 7. I understand and authorize that upon termination if I have any outstanding debt owed to CLASS LTD; or intellectual property, tools, keys, computers, or other electronic devices provided in the course of my employment, and have not returned those items to CLASS LTD in working condition upon separation, CLASS LTD may deduct or withhold final wages until such property is returned by me to CLASS LTD. Any amounts withheld shall not exceed the limits set forth in K.S.A. 44-319(e).

I have read and agree to the terms and conditions as stated above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASS LTD considers all applicants for employment without regard to race, color, religion, sex, national origin, handicap, disability, or veteran status. CLASS LTD complies with applicable state and local laws prohibiting discrimination in employment. CLASS LTD also provides reasonable accommodations to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws. If you need accommodations, please let us know.

Mail completed applications to:  
**CLASS LTD Human Resources**  
P.O. Box 266  
Columbus, KS 66725

# EMPLOYMENT HISTORY CONTINUATION SHEET

Employment History						
NAME AND LOCATION OF COMPANY		DATES OF EMPLOYMENT		SALARY		REASON FOR LEAVING
		FROM	TO	START	END	
JOB TITLE		JOB DUTIES				
TELEPHONE						
NAME OF SUPERVISOR						
NAME AND LOCATION OF COMPANY		DATES OF EMPLOYMENT		SALARY		REASON FOR LEAVING
		FROM	TO	START	END	
JOB TITLE		JOB DUTIES				
TELEPHONE						
NAME OF SUPERVISOR						
NAME AND LOCATION OF COMPANY		DATES OF EMPLOYMENT		SALARY		REASON FOR LEAVING
		FROM	TO	START	END	
JOB TITLE		JOB DUTIES				
TELEPHONE						
NAME OF SUPERVISOR						
NAME AND LOCATION OF COMPANY		DATES OF EMPLOYMENT		SALARY		REASON FOR LEAVING
		FROM	TO	START	END	
JOB TITLE		JOB DUTIES				
TELEPHONE						
NAME OF SUPERVISOR						
NAME AND LOCATION OF COMPANY		DATES OF EMPLOYMENT		SALARY		REASON FOR LEAVING
		FROM	TO	START	END	
JOB TITLE		JOB DUTIES				
TELEPHONE						
NAME OF SUPERVISOR						

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) SURVEY

The information provided below is voluntary and is not required in order to submit an application for employment. We would very much appreciate your completion of this form in an effort to help us analyze EEO data and compile federally mandated EEO reports. This information request will not affect any employment decision and will be maintained in a confidential manner.

(Please print information requested below)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_  
mm/dd/yyyy

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

**Race/Ethnic Group\* (Place your initials on the appropriate line below, see next page for definitions.)**

\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Black (African-American)  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Indian (American Native or Alaskan Native)  
\_\_\_\_\_ White (Caucasian)  
\_\_\_\_\_ Two or More Races  
\_\_\_\_\_ None Specified

**Veteran Status\*\* (Place your initials on the appropriate line below, see next page for definitions.)**

\_\_\_\_\_ I am a protected veteran.  
\_\_\_\_\_ I am NOT a protected veteran.  
\_\_\_\_\_ I do not wish to self-identify.

## \*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (*not Hispanic or Latino*)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (*not Hispanic or Latino*)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or more races (*not Hispanic or Latino*)** - All persons who identify with more than one of the above races.

## \*\*PROTECTED VETERAN DEFINITION

**Protected veteran** means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

**Active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces service medal veteran** means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

**Disabled veteran** means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, *or* (2) a person who was discharged or released from active duty because of a service-connected disability.

**Recently separated veteran** means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

CLASS LTD Employee Authorization of Background Checks

I, \_\_\_\_\_, authorize CLASS LTD to conduct periodic and/or random employment checks. These may include Kansas motor vehicle records, criminal background (including the Kansas Bureau of Investigation), Health Occupational Credentialing registry checks (Licensed, non-licensed, Abuse and Neglect Registry), central registry checks with the Kansas Department of Children and Families (Child and Adult ANE), drug screening, and the U.S. Office of Inspector General. I also authorize Class LTD to conduct periodic and/or random registry checks utilizing ADP services for Social Security Death Mastery search, criminal, motor vehicle, sex offender, fair credit reporting, and any other/s deemed appropriate for employment with CLASS LTD.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

## RELEASE OF INFORMATION

I, \_\_\_\_\_,  
                     FIRST                    MIDDLE                    LAST

give permission to CLASS LTD for the release of any information concerning myself from the U.S. Department of Health & Human Services, Office of the Inspector General, List of Excluded Individuals/Entities.

Please complete the information below. Please print legibly. All requested information is required to process this request.

First, Middle, and Last Name: \_\_\_\_\_

Maiden Name(s) (Female Only): \_\_\_\_\_

Married Names, Nicknames, or Other Names Used: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)\* \_\_\_\_\_ Phone \_\_\_\_\_

Agency name \_\_\_\_\_

Agency mailing address \_\_\_\_\_

Email address: Will return via Encrypted email unless marked otherwise \_\_\_\_\_

Maiden Name and/or Other Names Known By: \_\_\_\_\_

(PRINT ONLY)

Address: \_\_\_\_\_

Street

City

State

Zip Code

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ ☐ Male ☐ Female  
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(An Ink Signature or a Verified E-Signature is Required for Processing) (mm/dd/yyyy)

**RETURN TO:**

Email: DCF.APSRegistry@ks.gov

**Mail: Office of Background Investigations**

Adult Abuse Registry  
500 SW Van Buren St  
Topeka, Kansas 66603

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES  
Child Abuse and Neglect Central Registry  
P.O. Box 2637 • Topeka, KS 66601 • [DCF.CentralRegistry@ks.gov](mailto:DCF.CentralRegistry@ks.gov)  
**Release of Information**

OBI 1011  
9/2018  
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Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

**CONFIDENTIALITY:** *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

**Contact Person:** Rhonda Johnson/Chelsey Parise Agency/Org.: CLASS LTD  
Phone #: (620)429-1212 Address: P.O. Box 266  
Email: HR@classltd.org City/State/Zip: Columbus, Kansas 66725

Return Results by: ☐ Encrypted email (list if different than above): ☐ Postal Mail

**Payment/Account Information** (check box which applies)

<input type="checkbox"/> Fee included	\$10 per request. Check, Money Order (payable to DCF) or cash. <b>Postal mail only.</b>
<input type="checkbox"/> Online Payment*	<a href="http://www.dcf.ks.gov">www.dcf.ks.gov</a> – ‘Online DCF Payments’ icon at bottom of page. Submit receipt with ROI form(s).
<input type="checkbox"/> Pre-Pay Account*	Agency/Org. has Pre-Pay Account. FEIN: 48-0832017
<input type="checkbox"/> Mentoring Account*	As listed in the Kansas Mentors' Partner Directory. <a href="http://mentorkansas.org/Find-a-Program">http://mentorkansas.org/Find-a-Program</a>
<input type="checkbox"/> Exempt*	No fee for State government agencies (Sub-contracting agencies not included).

\*Release of Information forms may be submitted via email to [DCF.CentralRegistry@ks.gov](mailto:DCF.CentralRegistry@ks.gov)

**APPLICANT:** *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

**FIRST, MIDDLE, LAST NAME:** \_\_\_\_\_

*I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use:* ☐ Yes ☐ No  
*This organization/person/agency may check my information each year I am employed or associated with them:* ☐ Yes ☐ No

**OTHER NAMES USED:** (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **GENDER:** ☐ Male ☐ Female

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

DCF ONLY:

**MATCH**

*This applicant is listed in the Child Abuse/Neglect Central Registry.*  
*Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.*  
(see attached document for more info.)

**CLEARED**

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>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.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>