

# Employment Application



***Thank you for considering Robert A. Bothman Construction. We welcome your application for employment.***

To be formally considered for a job opening, a completed application is needed. This application will be kept on file for 1 year. For full consideration, please make sure to include as much detail about your education and experience as possible.

We are union contractors and partner with the Laborers, Carpenters, Cement Masons, and Operating Engineers Unions.

We participate in the E-Verify Program. We will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

At Robert A. Bothman Construction our entire team is dedicated to achieving the highest possible quality on every project. We are a full-service, General Engineering and Building Contractor with the skills and experience to make projects a success. Our company is built on a solid foundation, just like our projects.

***Quality People. Quality Projects.™***

## An Equal Opportunity Employer

To be formally considered for a job opening, a completed application is needed. This application is valid for 1 year. If you require a reasonable accommodation to complete this application or in the application process, please contact the Human Resources Department at 408-279-2277.

### PERSONAL INFORMATION

Name (First)	(Last)	(Middle)	Social Security Number	
Present Address (Street)	(City & State)	(Zip)	Home Phone	Cell Phone
Permanent Address (If different from present address)				
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, would you have reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If hired, can you provide proof of your identity and eligibility to work in the U.S. within 3 days of hire? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### EMPLOYMENT DESIRED

<p><b>Construction/Field Positions ONLY:</b> Construction work requires strenuous physical activity, such as: climbing several flights of stairs or ladders uninterrupted, working at heights, lifting at least 70 pounds, repetitive lifting, bending, stooping, working 40 to 60 hours per week, and other strenuous activities. Are you able to perform these tasks with or without reasonable accommodation?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Please check the one (1) position for which you are applying:</p> <input type="checkbox"/> Laborer <input type="checkbox"/> Carpenter <input type="checkbox"/> Cement Mason <input type="checkbox"/> Operating Engineer	<p>Are you registered with a union?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No      Trade/Local: _____
<p>Have you graduated from or are you currently enrolled in a Union Apprenticeship Program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Completed      Date of Completion: _____	

Position Applying for:				Years of experience in desired position:			
How did you learn of this opening? If referred by an employee, please list their name:				Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, date available to start:	
Do you speak, write or understand any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language(s)?				Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe the functions that cannot be performed:			
Are you available to work overtime, and weekends, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Hours Available From-To	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Do you have a valid CA Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have a valid commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Position: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship				Salary Desired:			
Have you ever applied with Bothman before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever worked for Bothman before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been terminated from Bothman before, other than due to lack of work? <input type="checkbox"/> Yes <input type="checkbox"/> No							

# Employment Application

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Have you been convicted of a criminal offense (felony or misdemeanor)?  Yes  No  
(Exclude convictions that have been sealed, expunged, or statutorily eradicated, and exclude marijuana related offenses more than 2 years old)

If yes, please explain, including nature of the crime(s), dates, locations, and disposition of the case(s).

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*(Note: No applicant will be declined employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

## EDUCATION

Do you have a high school diploma or GED?  Yes  No

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL	Name	Requirements		<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
	Address				
	City, State Zip				
VOCATIONAL/TRADE/ TECHNICAL SCHOOL	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address				
	City, State Zip				
COLLEGE	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address				
	City, State Zip				
OTHER/GRADUTE	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address				
	City, State Zip				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for this position?  Yes  No  
If yes, please explain:

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Do you have any licenses and/or certifications for the job you are applying for?  Yes  No

License/Certification #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License/Certification #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License/Certification #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

# Employment Application

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## EMPLOYMENT HISTORY

Please complete in detail starting with your **PRESENT** employer. List ALL employment (last 10 years) and explain any time not accounted for. All information must be completed even if attaching a resume.

DATES EMPLOYED	EMPLOYER INFORMATION	REPORTED TO		REASON FOR LEAVING
From	Company Name	Name		
To	Type of Business	Position	Title	
Address				
Duties				

Please complete in detail starting with your **PRESENT** employer. List ALL employment (last 10 years) and explain any time not accounted for. All information must be completed even if attaching a resume.

DATES EMPLOYED	EMPLOYER INFORMATION	REPORTED TO		REASON FOR LEAVING
From	Company Name	Name		
To	Type of Business	Position	Title	
Address				
Duties				

Please complete in detail starting with your **PRESENT** employer. List ALL employment (last 10 years) and explain any time not accounted for. All information must be completed even if attaching a resume.

DATES EMPLOYED	EMPLOYER INFORMATION	REPORTED TO		REASON FOR LEAVING
From	Company Name	Name		
To	Type of Business	Position	Title	
Address				
Duties				

Please complete in detail starting with your **PRESENT** employer. List ALL employment (last 10 years) and explain any time not accounted for. All information must be completed even if attaching a resume.

DATES EMPLOYED	EMPLOYER INFORMATION	REPORTED TO		REASON FOR LEAVING
From	Company Name	Name		
To	Type of Business	Position	Title	
Address				
Duties				

## REFERENCES

List below three persons not related to you, who have knowledge of your work performance within the last 5 years.

Name	Phone #	Occupation	# Yrs. Known
Name	Phone #	Occupation	# Yrs. Known
Name	Phone #	Occupation	# Yrs. Known

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_

Name	Phone	Relation
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## APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Robert A. Bothman Construction, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I authorize this Company to contact any of my past employers, educational institutions, references (except as otherwise indicated), any public or private agencies that have issued me a job-related professional or vocational certification or license (including driver's license, if applying for a position requiring vehicle driving or heavy equipment operation), and I authorize all of these parties to furnish any information concerning my previous employment, education or certification. I release the parties furnishing information and Robert A. Bothman Construction from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations.

I understand and agree that employment is "At-Will", meaning employment may be terminated by either myself or the Company at any time, with or without cause, and with or without notice. I also understand and agree that the Company retains the right to demote, transfer, change my job duties, and my compensation at any time with or without notice and with or without cause in its sole discretion. I understand that other than the President, no manager, supervisor or other representative of the Company has authority to make any agreement, express or implied, for employment for any specified period of time or to make any agreement for employment other than "at will". I know that this "at-will" employment policy cannot be amended, modified or altered in any way by oral statements or in any other way, and can only be altered by written amendment signed by the President of the Company, indicating that it is intended as a modification of my at-will status.

I understand that, according to law, all individuals hired must, as a condition of employment, produce certain documentation to verify their identity and legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent upon my ability to produce the documentation within the time required by law. I understand, the Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hires may be subject to passing a medical examination, and to skill and agility tests. **I further understand ROBERT A. BOTHMAN CONSTRUCTION MAINTAINS A DRUG FREE WORKPLACE and that any offer of employment is contingent upon my ability to successfully pass a drug screening.**

If employed, I agree to abide by all policies and procedures set by the Company. I agree not to disclose confidential Company information to anyone outside the Company and that inventions, patents, and copyrighted material generated by me in the course of my employment are the sole property of Robert A. Bothman Construction.

**I have carefully read all the above and I voluntarily grant the above release. I also agree that if I am hired I will be required and will abide by all the rules and regulations of the company.**

**Applicant's Signature:** \_\_\_\_\_

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

# Voluntary Applicant Data Record

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Robert A. Bothman Construction, Inc. is an equal opportunity/affirmative action employer, and considers all employment decisions without regard to race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran status, or any other prohibited basis. In keeping with this philosophy and in an effort to comply with federal and state standards for equal opportunity employment, we ask that you provide the information requested below.

Although providing this information is optional on your part, we would appreciate it if you would complete this form. Providing this information is strictly voluntary and will not be the basis of any employment decision. Failure to provide this information will not subject you to any adverse treatment. Please note that the information provided is retained separately from your application and/or personnel file.

We comply with government regulations and affirmative action responsibilities. Please help us comply with government record keeping, reporting and other legal requirements by filling out this form. We appreciate your cooperation.

Last Name		First Name		Date	Position Applied For
Check Applicable <input type="checkbox"/> Male <input type="checkbox"/> Female		Check Applicable "Protected Veteran" Status <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Recently Separated Veteran Separation Date:			
Check Applicable <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)					

**Race and Ethnic Definitions**

**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 five races.

**Definitions:**

**(1) Disabled Veteran**-(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.

**(2) 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.

**(3) Armed Forces Service Medal Veteran**-veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985; and

**(4) Recently Separated Veteran**-veterans within 36 months from discharge or release from active duty.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by \_\_\_\_\_ (“Employer”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com and/or Employer.** I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

## PLEASE COMPLETE ALL FIELDS BELOW

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b> <small>check box if no middle name</small>	
<b>Social Security Number*</b> ###-##-####		<b>Date of Birth*</b> month/date/year		<b>Email Address</b> <small>required</small>	
<b>Driver's License Number</b>	<b>Issuing State*</b>	<b>Former Names/Aliases</b> <small>separate aliases with comma</small>			

### CURRENT ADDRESS

<b>Street</b>		<b>Apt/Unit</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	

### FORMER EMPLOYER

<b>Company</b>		<b>City, State</b>	
<b>Position</b>		<b>Dates of Employment</b>	

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Robert A. Bothman, Inc. (“the Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT” BACKGROUND INVESTIGATION**

Robert A. Bothman, Inc. (the “Company”), to which you have applied for employment, may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **NOTICE REGARDING BACKGROUND CHECKS AND CREDIT CHECKS PER CALIFORNIA LAW**

Robert A. Bothman, Inc. (the "Company") intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" [and "consumer credit reports"] obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

### **Notice Regarding Credit Checks:**

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above-named entity, because you are seeking to work in the following position:

The Company **will not** obtain a **consumer credit report** on you.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

# APPLICANT COPY

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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.

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 the 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).
- **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).

APPLICANT COPY

# APPLICANT COPY

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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 – FCRA 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 Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 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., 8th Floor 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>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>