

# 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> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Please check the one (1) position for which you are applying:</p> <p><input type="checkbox"/> Laborer                      <input type="checkbox"/> Carpenter</p> <p><input type="checkbox"/> Cement Mason                <input type="checkbox"/> Operating Engineer</p>	<p>Are you registered with a union?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No      Trade/Local: _____</p>
<p>Have you graduated from or are you currently enrolled in a Union Apprenticeship Program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No                      <input type="checkbox"/> Currently Enrolled                      <input type="checkbox"/> Completed      Date of Completion: _____</p>	

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		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 yes, which language(s)?		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							

## 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 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	Name	Name				
To	Type of Business	Position	Title			
Address						
Duties						

# Employment Application

*Quality People. Quality Projects.™*

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.

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From	Name		Name		
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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.

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From	Name		Name		
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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	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

## 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:** \_\_\_\_\_

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.





18344 Oxnard St. Suite #101  
Tarzana, CA 91356  
Tel: 866-570-4949 | Fax: 866-570-5656  
clientservices@wescreenusa.com

## Disclosure And Authorization For Consumer Reports

### Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with Robert A. Bothman Construction, at 2690 Scott Boulevard Santa Clara, Ca 95050, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.wescreenusa.com](http://www.wescreenusa.com)

### **California, Minnesota and Oklahoma Residents:**

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



_____ Applicant Initials
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**California Applicants:**

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**New York Applicants:**

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

**Washington Applicants:**

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

**Please complete all of the fields below:**

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b> Please check box if you do not have a middle name.
<b>Social Security #:</b>		<b>Date of Birth:</b>
<b>Email:</b> (This is a required Field)		
<b>Current Address:</b>		<b>Previous Address:</b>
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	Zip:
City:	State:	Zip:
<b>Drivers Lic. #:</b>		<b>State Issuing:</b>
<b>Former Name/Alias:</b>		

X \_\_\_\_\_  
Applicant Signature

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

## 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 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).

## 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 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 223 14</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>