

APPLICATION FOR EMPLOYMENT (Hourly) An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No
(If you are hired you may be required to submit proof of age.)

Social Security Number _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before?..... Yes No If yes, when? _____

Were you ever employed here?..... Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

NAME OF EMPLOYER		JOB TITLE AND DUTIES			
ADDRESS					
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT: From Month Year		To Month Year	
		PAY: START \$		FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING			
NAME OF EMPLOYER		JOB TITLE AND DUTIES			
ADDRESS					
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT: From Month Year		To Month Year	
		PAY: START \$		FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING			
NAME OF EMPLOYER		JOB TITLE AND DUTIES			
ADDRESS					
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT: From Month Year		To Month Year	
		PAY: START \$		FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING			
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ADDRESS					
CITY, STATE, ZIP CODE		DATES OF EMPLOYMENT: From Month Year		To Month Year	
		PAY: START \$		FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING			

Have you worked or attended school under any other name? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature, consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

Voluntary Self Identification Form

(Applicants only)

As a Federal contractor or sub-contractor, our company is required to solicit the race and gender of all applicants for positions with our company. The information requested below is used by _____ only as it relates to our Affirmative Action plan. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH OUR COMPANY.** If you do choose to answer these questions, any information supplied by you on this form will not affect your chances of obtaining a position with our company, which is an equal employment opportunity employer.

Name: _____

Date: _____

Sex: _____ Male _____ Female

Ethnicity:

_____ Hispanic or Latino

Race: If not Hispanic or Latino, please choose one of the following:

_____ American Indian or Alaskan Native (Not Hispanic or Latino)

_____ Asian (Not Hispanic or Latino)

_____ Black/African American (Not Hispanic or Latino)

_____ Native Hawaiian/Pacific Islander (Not Hispanic or Latino)

_____ White/Caucasian (Not Hispanic or Latino)

_____ Two or more races (Not Hispanic or Latino)

_____ I do not wish to supply this information at this time

Invitation to Self-Identify for Protected Veterans

Name: _____ Position applied for: _____

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - 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
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any 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.
- An “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.
- An “Armed forces service medal veteran” means a 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](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above
- I am not a protected veteran
- I decline to disclose my protected veteran status
- I am a veteran, just not a protected veteran as defined above

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

Employment Application Certification

I hereby certify that all of the facts and information listed on my employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the company to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the company, including but not limited to, any liability for defamation or invasion of privacy.

Upon receiving an offer of employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a 90 day probationary period. I understand and agree that if I'm terminated or resign within the 90 day probationary period, the cost for drug screen, physical, and background check may be deducted from last pay check. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the company or myself.

I understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the company to submit to a urinalysis or other drug screen test and that my failure to take such tests when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am employed, may result in my immediate dismissal.

I certify that I have read and agree to the above.

Employee Signature

Date



906 N. Shaver Street, Salisbury, NC 28144
Phone: 844-291-5648 Fax: 704-857-6700
www.prioritybackgroundsolutions.com

Consent to Request Consumer Report & Investigative Consumer Report Information

Applicant's First Name or Initial

Last Name

In the interest of maintaining the safety and security of our customers, employees and property, _____(the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with you employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal; public; educational; and, as appropriate, driving record checks; verification of prior employment; reference; licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that is not a credit report.), except in California where that term means any background report that is not a credit report.)

The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by PRIORITY BACKGROUND Solutions, Inc. or another outside organization. The nature and scope of the investigation sought is indicated by the selected services below: (Employer Use Only)

- Criminal Background Check
- Education Verification
- Sex Offender Search
- SSN Trace
- Employment Verification
- Other Please List
- OFAC/Terrorist Watch List
- Professional License/Certification
- Office of Inspector General Sanctions (OIG)
- Fraud & Abuse Control Info System (FACIS®)
- Consumer Credit Report
- Motor Vehicle Report
- Personal Reference

STATE LAW NOTICES If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that PRIORITY BACKGROUND Solutions, Inc. has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. PRIORITY BACKGROUND Solutions, Inc. can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification. MAINE: If you ask us, you have the right to know the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for PRIORITY BACKGROUND Solutions, Inc. You will get this information within 5 business days of our receipt of your request. You have the right to ask PRIORITY BACKGROUND Solutions, Inc. for a free copy of the report. MARYLAND: If the Company obtains credit history on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from PRIORITY BACKGROUND Solutions, Inc. You may inspect and order a free copy of the report by contacting PRIORITY BACKGROUND Solutions, Inc. MINNESOTA: If you submit to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any. NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from PRIORITY BACKGROUND Solutions, Inc. , and you will be provided with the name and address of PRIORITY BACKGROUND Solutions, Inc. You may inspect and order a free copy of the reports by contacting PRIORITY BACKGROUND Solutions, Inc. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form. OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered. WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report ordered, if any. You also have the right to ask PRIORITY BACKGROUND Solutions, Inc. for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

AUTHORIZATION FOR BACKGROUND CHECKS After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law. I also authorize the following agencies and entities to disclose to PRIORITY BACKGROUND Solutions, Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, workers' compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/ or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to PRIORITY BACKGROUND Solutions, Inc. and its agents include, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing. The information provided is true to the best of my knowledge and belief. I understand that any misrepresentation of false statement made by me in connection with the application or any related documents which are deemed material by the Company shall result in the Company not employing me, or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by the Company. I hereby authorize all individuals and organizations named or referred to in my application and any background reporting organization to give the Company all information relative to such verification and hereby release such individuals, organizations, and the Company from any and all liability for any claim or damage resulting there from. I hereby acknowledge

that I have been informed by the Company that the Company make seek to obtain a consumer credit report and/or a investigative report that will include personal information regarding me, including, but not limited to, educational history, work references, driving record, drug testing, credit report, and criminal convictions or arrest records if allowed, in order to assist the Company in making certain decisions. I, my heirs, assigns and legal representatives, hereby release and fully discharge the Company, its parent and affiliated companies, background reporting companies, and the respective officers, directors, shareholders, employees, and all agents of each named above. I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than PRIORITY BACKGROUND Solutions, Inc. without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____
Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota or Oklahoma: Check the space below if you would like a free copy of your background check: _____

Signature: _____ Date: ____/____/____
(Month/Day/Year)

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First Name Middle Name or Initial

--	--

Last Name Date of Birth (MMDDYYYY)

--	--

Other Names Known Male/Female

--	--

Social Security Number Primary Telephone Number

--	--

Current Address Apt #

--	--

City State and Zip Code

--	--

Previous Address (if applicable) Apt #

--	--

City State and Zip Code

--	--

Driver's License Number License State

--

Email Address

--	--

Signature Today's Date (MMDDYYYY)

Para información en español, visite 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 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 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 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.
- **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.

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 & 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>

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

Federal Trade Commission
Consumer Response Center
600 Pennsylvania Avenue, N.W.
Washington, DC 20580
(877) 382-4357