



# FOREST LAWN® MEMORIAL-PARKS & MORTUARIES

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

### READ CAREFULLY:

TODAY'S DATE \_\_\_\_\_  
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER  
60 DAYS FROM THIS DATE, A NEW APPLICATION MUST BE  
COMPLETED.

TYPE OF WORK OR POSITION DESIRED			LOCATION DESIRED	MONTHLY SALARY DESIRED
TYPE OF EMPLOYMENT		TOTAL NO. OF HOURS PER WEEK DESIRED	REFERRED BY:	WHEN COULD YOU START?
FULL TIME	PART TIME			

### PERSONAL DATA

LAST NAME (SAME AS SOCIAL SECURITY CARD)		FIRST NAME	MIDDLE NAME
HOME ADDRESS (NUMBER, STREET)		CITY	ZIP CODE
HOME TELEPHONE NUMBER ( ) -	BUSINESS TELEPHONE NUMBER ( ) -	CELL/OTHER NUMBER ( ) -	EMAIL ADDRESS
PLEASE INDICATE OTHER NAMES UNDER WHICH YOU HAVE WORKED OR OBTAINED YOUR EDUCATION (FOR REFERENCE CHECKING PURPOSES ONLY)			
HAVE YOU EVER WORKED FOR FOREST LAWN? IF YES, WHEN _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED FOR A JOB WITH FOREST LAWN? IF YES, WHEN _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AWARE OF ANYTHING THAT WOULD PREVENT YOU FROM WORKING THE SCHEDULED HOURS AS DISCUSSED FOR THIS PARTICULAR JOB?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK OVERTIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILLING TO TRAVEL?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (EXCLUDE CONVICTIONS FOR MARIJUANA--RELATED OFFENSES FOR PERSONAL USE MORE THAN TWO YEARS OLD; CONVICTIONS THAT HAVE BEEN SEALED, EXPUNGED OR LEGALLY ERADICATED; MISDEMEANOR CONVICTIONS FOR WHICH PROBATION WAS COMPLETED AND THE CASE DISMISSED; AND DO NOT PROVIDE ANY INFORMATION REGARDING A REFERRAL TO AND PARTICIPATION IN ANY PRE-TRIAL OR POST-TRIAL DIVERSION PROGRAM).			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE BRIEFLY DESCRIBE THE NATURE OF THE CRIME(S), THE DATE AND PLACE OF CONVICTION AND THE LEGAL DISPOSITION OF THE CASE. (NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT):			
_____			
ARE YOU CURRENTLY OUT ON BAIL, THE SUBJECT OF A CURRENT WARRANT FOR ARREST, OR RELEASED ON YOUR OWN RECOGNIZANCE PENDING TRIAL?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

### LICENSES (INCLUDING DRIVER'S) AND ALL STATES ISSUED

TYPE OF LICENSE	STATE LICENSED	LICENSE CURRENTLY VALID?	EXPIRATION DATE	EVER SUSPENDED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

### PREVIOUS ADDRESS

STREET ADDRESS	CITY	STATE	ZIP CODE	FROM	TO

## EMPLOYMENT DATA

LIST ALL EMPLOYMENT FOR THE PAST 20 YEARS STARTING WITH YOUR MOST RECENT POSITION. ALL TIME MUST BE ACCOUNTED FOR INCLUDING PERIODS OF UNEMPLOYMENT AND U.S. MILITARY SERVICE. IF YOU WERE UNEMPLOYED FOR ANY PERIOD, STATE THE NATURE OF YOUR ACTIVITIES AS YOUR WORK EXPERIENCE IS AN IMPORTANT FACTOR IN FINDING A POSITION FOR WHICH YOU ARE BEST SUITED. COMPLETE CAREFULLY. IF NEEDED, PLEASE USE ADDITIONAL SHEETS OF PAPER.

MAY WE CONTACT YOUR PRESENT EMPLOYER?     YES     NO

FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
MONTHLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING					
		TITLE AND SUMMARY OF YOUR DUTIES				
FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
MONTHLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING					
		TITLE AND SUMMARY OF YOUR DUTIES				
FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
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		TITLE AND SUMMARY OF YOUR DUTIES				
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STARTING	ENDING					
		TITLE AND SUMMARY OF YOUR DUTIES				
FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
MONTHLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING					
		TITLE AND SUMMARY OF YOUR DUTIES				

## EDUCATIONAL RECORD

SCHOOL ATTENDED	NAME	NUMBER AND STREET CITY, STATE, ZIP CODE	CIRCLE LAST GRADE COMPLETED	MAJOR	GRADUATE		GRADE AVERAGE
					YES	NO	
LAST HIGH SCHOOL			9 10 11 12				
JUNIOR COLLEGE			1 2				
COLLEGE OR UNIVERSITY			1 2 3 4				
GRADUATE SCHOOL			1 2 3 4				
TRADE SCHOOL			1 2 3 4				
ADULT EDUCATION OR SPECIAL TRAINING							

## SKILLS

TYPING <input type="checkbox"/> YES <input type="checkbox"/> NO   W.P.M. _____	COMPUTER SKILLS <input type="checkbox"/> NONE <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> OTHER _____
OTHER SKILLS:	
WHAT FOREIGN LANGUAGES DO YOU SPEAK, READ AND/OR WRITE?	
LANGUAGES	SPEAK      READ      WRITE
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

OTHER INFORMATION YOU FEEL IS PERTINENT TO THE JOB APPLYING FOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THREE REFERENCES - OTHER THAN RELATIVES

NAME	ADDRESS	PHONE	OCCUPATION

\*PLEASE SEE REVERSE SIDE FOR APPLICANT SIGNATURE

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY  
Initials INFORMATION THAT MIGHT AFFECT MY CHANCES FOR EMPLOYMENT. I FURTHER CERTIFY THAT I, THE UNDERSIGNED  
APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR  
MISSTATEMENT 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 UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW THAT MAY BE  
Initials GRANTED OR DURING MY EMPLOYMENT, IF HIRED , IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN  
ME AND FOREST LAWN. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE  
AT-WILL, MEANING THAT IT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME,  
WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER ME OR FOREST LAWN, AND THAT NO PROMISES OR  
REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON FOREST LAWN UNLESS MADE IN WRITING AND  
SIGNED BY ME AND THE PRESIDENT OF FOREST LAWN.

           I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE SUBJECT TO FOREST LAWN POLICIES, RULES AND  
Initials PROCEDURES, INCLUDING THOSE SET FORTH IN FOREST LAWN'S PERSONNEL HANDBOOK "SERVING WITH FOREST  
LAWN" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE." FOREST LAWN'S GRIEVANCE,  
PRE-DISCHARGE REVIEW AND TERMINATION APPEAL PROCEDURES ARE SUMMARIZED IN "SERVING WITH FOREST  
LAWN." THE ARBITRATION PROCEDURES ARE SUMMARIZED IN "SERVING WITH FOREST LAWN" AND SET FORTH IN FULL  
IN FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE." I UNDERSTAND THAT A COPY OF "SERVING WITH  
FOREST LAWN" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE" ARE AVAILABLE FOR ME TO STUDY  
BEFORE I DECIDE WHETHER TO ACCEPT ANY JOB OFFER. I ALSO UNDERSTAND THAT AS A CONDITION TO ME ACTUALLY  
STARTING WORK, I WILL BE REQUIRED TO SIGN FOREST LAWN'S "RECEIPT OF HANDBOOK" AND FOREST LAWN'S  
"ARBITRATION AGREEMENT AND PROCEDURE." MY SIGNING WILL ESTABLISH THAT I WAS GIVEN A COPY OF AND I READ  
AND UNDERSTOOD "SERVING WITH FOREST LAWN" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND  
PROCEDURE," OR THAT I HAD THE OPPORTUNITY TO READ THE DOCUMENTS AND VOLUNTARILY DECIDED NOT TO  
READ THEM. EITHER WAY, MY SIGNATURE WILL CONFIRM MY AGREEMENT TO BE BOUND BY ALL POLICIES, RULES AND  
PROCEDURES SET FORTH IN "SERVING WITH FOREST LAWN" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND  
PROCEDURE."

           I HEREBY AUTHORIZE FOREST LAWN TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION  
Initials AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE THE REFERENCES  
I HAVE LISTED TO DISCLOSE TO FOREST LAWN ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED  
TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I HEREBY RELEASE  
FOREST LAWN, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS  
FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION  
OR DISCLOSURE.

           SHOULD A SEARCH OF PUBLIC RECORDS (INCLUDING RECORDS DOCUMENTING AN ARREST, INDICTMENT,  
Initials CONVICTION, CIVIL JUDICIAL ACTION, TAX LIEN OR OUTSTANDING JUDGEMENT) BE CONDUCTED BY INTERNAL  
PERSONNEL EMPLOYED BY FOREST LAWN, I AM ENTITLED TO COPIES AND SUCH PUBLIC RECORDS OBTAINED BY  
FOREST LAWN UNLESS I MARK THE CHECK BOX BELOW. IF I AM NOT HIRED AS A RESULT OF SUCH INFORMATION, I AM  
ENTITLED A COPY OF ANY SUCH RECORDS EVEN THOUGH I HAVE CHECKED THE BOX BELOW.

I WAIVE RECEIPT OF A COPY OF ANY PUBLIC RECORDS DESCRIBED IN THE PARAGRAPH ABOVE.

           I UNDERSTAND THAT ANY JOB OFFER I MAY RECEIVE WILL BE CONTINGENT UPON SUCCESSFUL COMPLETION OF A  
Initials BACKGROUND CHECK VERIFYING THE INFORMATION CONTAINED IN THIS APPLICATION AND MY SUCCESSFUL  
COMPLETION AND PASSING OF A DRUG TEST. I ALSO UNDERSTAND THAT FAILURE TO SATISFY THESE CONTINGENCIES  
WILL RESULT IN THE WITHDRAWAL OF ANY JOB OFFER. IN ADDITION, I HEREBY RELEASE FOREST LAWN AND ALL OTHER  
PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES  
ARISING OUT OF OR IN ANY WAY RELATED TO SUCH BACKGROUND CHECK AND/OR DRUG TEST.

I HAVE READ THE ABOVE STATEMENT AND AGREE TO THE ABOVE TERMS & CONDITIONS:

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

# ADDENDUM TO APPLICATION FOR EMPLOYMENT

## EMPLOYMENT DATA

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MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

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SUPERVISOR		TELEPHONE NO/EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
MONTHLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING	TITLE AND SUMMARY OF YOUR DUTIES				
FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
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MONTHLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING	TITLE AND SUMMARY OF YOUR DUTIES				
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SUPERVISOR		TELEPHONE NO/EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
MONTHLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING	TITLE AND SUMMARY OF YOUR DUTIES				

PRINT NAME: \_\_\_\_\_

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

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

## **NOTICE OF DRUG TESTING**

Prior to beginning employment, all job applicants who receive a job offer will be required to voluntarily submit to a drug screening test conducted by a laboratory designated by Forest Lawn. The drug screening method is a hair collection test that will detect the use of illegal drugs within the past 90 days. A positive drug test may result in the withdrawal of the job offer.

# FOREST LAWN® MEMORIAL - PARKS & MORTUARIES

## APPLICANT QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

**Please take a moment to answer the following questions:**

1) How did you hear about Forest Lawn Memorial-Parks & Mortuaries?

2) Why would you like to work at Forest Lawn Memorial-Parks & Mortuaries?

3) Why are you interested in the position you have applied for?

4) What two things are most important to you in your job?

5) Do you have any relatives, past or present, employed by Forest Lawn?

\_\_\_\_\_ No

\_\_\_\_\_ Yes, Please list names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Forest Lawn**<sup>®</sup>  
MEMORIAL-PARKS & MORTUARIES

**DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER CREDIT  
REPORT AND INVESTIGATIVE CONSUMER REPORT**

I understand that Forest Lawn Memorial-Parks & Mortuaries ("Forest Lawn") will utilize the services of SmartHIRE, 2250 Lindsay Way, Glendora, CA 91740, (800) 599-9202, to obtain a credit report, consumer credit report/investigative consumer report and motor vehicle report as part of the procedure for processing my application for employment.

I understand that SmartHIRE is a Consumer Reporting/Investigative Consumer Reporting Agency, and that a Consumer Reporting/Investigative Consumer Reporting Agency's investigation may include obtaining information covering up to: (1) the last seven years regarding my credit background, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, and motor vehicle records and criminal conviction records consistent with state law; and (2) the last ten years regarding bankruptcies. I understand such information may be obtained through any means, including but not limited to personal interviews with my neighbors, friends or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or mode of living, including my education, degrees attained or units completed, prior employment, capabilities and qualifications, and prior employment problems. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

The nature and scope of the investigation sought is as follows: Criminal Records History, Drivers License History, Education History, and Social Security Number Verification.

I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification, and I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the federal Fair Credit Reporting Act.

This consent will not affect my ability to question or dispute the accuracy of any information contained in my credit report and/or consumer credit report/investigative consumer report. I understand if I disagree with the



*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **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 the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051