

Please print or type.

Number of attachments _____

Position number _____

Town of Sullivan's Island, South Carolina

An Equal Opportunity Employer

Application for Employment



Employees of the Town of Sullivan's Island and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting Human Resources.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE TOWN OF SULLIVAN'S ISLAND. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE TOWN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

****REASONABLE ACCOMODATIONS MAY BE AVAILABLE TO DISABLED APPLICANTS AND EMPLOYEES UNDER THE ADA/ADAA, IF GIVEN NOTICE BY THE APPLICANT.****

I. POSITION APPLYING FOR:

Position applied for _____ Department _____
(one per application)

II. CONTACT INFORMATION:

Full legal name _____ Maiden Name _____
Last First Middle
Mailing Address _____ Email Address _____
Address _____
City State Zip
Home Phone () Alternate Phone () Notification Preference Mail Email

III. OTHER PERSONAL INFORMATION

Do you possess a valid driver's license? Yes No If Yes, provide State and Number: _____
Expiration Date: _____ Class (Check One) A B C D E F M G CDL
Are you willing to relocate? Yes No Can you, after employment, submit proof of your legal right to work in the United States? Yes No
What type of job are you looking for? Full Time Part Time Temporary
What types of work will you accept? Full Time Part Time
What shifts are you available for work? Day Evening Night Rotating On Call (As Needed)
Are you at least 18 years of age? Yes No Are you at least 21 years of age? Yes No (Public Safety Dept. Applicants Only)

IV. EDUCATION

Are you a high school graduate? Yes No Highest Grade Completed _____ Year Completed _____
If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____
Check number of years of post high school education 1 2 3 4 5 6 7

Starting with High School, provide complete information on all schools attended. Include any special courses or training school	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected and completion date: _____

V. EXPERIENCE

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. **A resume may not be substituted for this section. However, a resume may be attached upon full completion of the application.**

You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor?**

Yes No

1. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

2. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

3. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

4. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

5. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

VI. ADDITIONAL INFORMATION

Use this space for any additional information to help us evaluate your application, including job related military training, seminars, workshops, and special achievements or specialized skills:

Licenses, certificates, or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

VII. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

VIII. ADDITIONAL INFORMATION

Have you ever been convicted for any violation(s) of law, including moving traffic violations? Yes No. If YES, please provide the following:

Charges	Location	Date	Disposition / Status

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction will be evaluated individually.

Do you have any relatives employed with the Town of Sullivan’s Island? Yes No. If YES, please provide the name and relationship:

Have you ever been discharged or forced to resign from any job? Yes No. If YES, please explain below:

IX. CONSENT TO CONDUCT CERTAIN BACKGROUND CHECKS

By providing the information below and by my signature, I consent to allow authorized officers, agents, and employees of the Town of Sullivan’s Island, South Carolina to conduct certain background checks to include, but not limited to, law enforcement , a criminal records check, a credit check, a driving records check and other background investigations as applicable. I release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment. **I understand that providing my identification information below is optional, but may be required prior to being offered employment with the Town of Sullivan’s Island. Failure to submit your date of birth and social security number on this form will not prohibit employment consideration.**

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Date _____ Applicant Signature _____

X. CERTIFICATIONS – All applications must be signed to be considered

AUTHORITY TO RELEASE INFORMATION—By my signature, I consent to the release of information that may be lawful obtained to authorized officers, agents, and employees of the Town of Sullivan’s Island, which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service records; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and employees of the Town of Sullivan’s Island, to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Date _____ Applicant Signature _____

CERTIFICATION OF APPLICANT—By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentations, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Date _____ Applicant Signature _____

Town of Sullivan's Island, South Carolina

An Equal Opportunity Employer

Application for Employment



Please print or type.

Number of attachments _____

Position number _____

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INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM NOT OTHERWISE LISTED AS OPTIONAL.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION. RESUMES MAY BE SUBMITTED WITH, BUT NOT IN LEIU OF APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE). INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- SEPARATELY LIST EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN THE TOWN OF SULLIVAN'S ISLAND. THE TOWN WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

IF YOU WILL NEED REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE SELECTION PROCEDURES (E.G., INTERVIEW, WRITTEN TESTS, OR JOB DEMONSTRATION), THEN PLEASE CONTACT HUMAN RESOURCES.

Mailing Address: Town of Sullivan's Island
Attn: Human Resources
PO Box 427
Sullivan's Island, SC 29482

Physical Address for
Non-Postal Delivery:

Town of Sullivan's Island
Attn: Human Resources
2056 Middle Street
Sullivan's Island, SC 29482

Phone: (843) 883-3198

Fax: (843) 883-3009

www.sullivanisland.sc.gov

Sullivan's Island Police Department
Supplemental Application for Police Officer.

Please read and follow these instructions. Your ability to complete this document as requested will be evaluated and used as a basis for employment decisions. Any unanswered, incomplete, or omitted questions may result in rejection of your application. This document, when completed, will be used by the Sullivan's Island Police Department as an investigative aid. Retention of this personal data will remain in the confidential files of the personnel Selection Section.

Print in black or blue ink.

Answer all questions. If one does not apply to you, write N/A by the number.

If the space available is insufficient, use a separate sheet of 8 1/2 X 11 paper to complete.

Do not misstate or omit any pertinent information. Do not make exaggerated, false or misleading statements since they may cause your rejection for employment.

Each and every question has a purpose. Do not fail to answer each question completely, even if you think it is not important.

Minimum Requirements

You must be a United States citizen.

You must be at least 21 years of age.

You must have normal 20/20 vision without glasses, or no more than 20/60 in either eye, corrected to 20/20, normal color distinguishing capability and 140 degrees field of vision.

You must be in good physical condition.

Weight must be proportionate to height.

You must possess a valid South Carolina Driver's License and have the ability to operate a motor vehicle proficiently with no record during the previous five (5) years for suspension as a result of driving under the influence of alcoholic beverages or dangerous drugs, or leaving the scene of an accident.

You must have a State High School Diploma or State GED Certificate.

You must have a clear criminal record.

Have you read and do you understand all of the above?

Yes _____ No _____

Signature

Date

The Sullivan's Island Police Department does not discriminate on the basis of race, color, religion, sex, national origin, age or disability.

2. Have you ever applied to or worked for any other law enforcement agency? YES NO
If yes, give the name of the agency and the dates of employment. _____

3. List all High Schools you have attended. (attach copy of High School Transcript)
School _____ Location _____ Dates Attended _____

4. List all Colleges or Universities attended. (attach copy of Transcript)
School _____ Location _____ Dates Attended _____

5. Have you ever served in a military organization of the United States? YES NO (If yes, attach copy of DD214 for each period of service)

6. BRANCH OF SERVICE _____ SERVICE NUMBER _____
DATES OF SERVICE _____
TYPE OF DISCHARGE? HONORABLE GENERAL DISHONORABLE _____
 UNDER HONORABLE CONDITIONS LESS THAN HONORABLE CONDITIONS
 OTHER

7. Were you ever court martialed, tried on charges, or the subject of a summary court, deck court, Captain's mast, company punishment, Article 15 UCMJ, or any other disciplinary action while a member of the armed forces? YES NO. If yes, explain: _____

8. Do you possess a valid Driver's License? YES NO. If yes, what state?
_____ Driver License Number _____
List all states in which you previously have been licensed to drive.
State _____ Driver's License Number _____ Year(s) _____

9. List all arrest and convictions:

Charge	Date	Agency	Final Disposition
_____	_____	_____	_____
_____	_____	_____	_____

20. Has your credit record (including your spouse) ever been considered unsatisfactory, or have you ever been refused credit? YES NO. If yes, give dates, places and names of creditors and circumstances:

1. Have you ever filed for bankruptcy? YES NO. If yes, give details, including date and court in which filed : _____

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or shows a policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, by unconstitutional means? YES NO. If yes, explain : _____

3. Are you a U. S. Citizen? YES NO
By birth? YES NO. By Naturalization? YES NO.

THE FOLLOWING ITEMS ARE REQUIRED TO BE SENT WITH YOUR APPLICATION.

(Place a check by each item sent)

- A copy of high school transcript or State GED Certificate.
- A copy of SS214 Forms (applies to military personnel only).
- A copy of Birth Certificate.
- A copy of Marriage Certificate or Divorce Decree.
- A current full length photograph (attach to last page)

HEREBY SWEAR OR AFFIRM THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS ON THIS DOCUMENT. I AM AWARE THAT SHOULD AN DISCLOSURE SHOW WILLFUL MISREPRESENTATIONS, FALSIFICATION OR OMISSIONS, MY APPLICATION WILL BE EJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR A FIXED PERIOD OF TIME FOR ANY POSITION IN THE SERVICE OF THE SULLIVAN'S ISLAND POLICE DEPARTMENT. IF, AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE OMISSIONS, OR FALSIFICATIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL.

Signature: _____ Date: _____

Witnessed and subscribed before me on this _____ day of _____.
_____ My Commission expires: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

SULLIVAN'S ISLAND POLICE DEPARTMENT

USE OF ILLEGAL DRUGS

In the space provided, if applicable, indicate when you first tried any of the drugs listed; when you last tried any of the drugs listed; or check "NEVER". In the column "How Used" describe how it was injected into your system; either taken orally, snorted into nose, tasted, injected with a needle, smoked, eaten, etc.

	<u>APPROXIMATE</u>				
	<u>Date</u> <u>First Used</u>	<u>Date</u> <u>Last Used</u>	<u>Number of</u> <u>Times Used</u>	<u>Never</u>	<u>How Used</u>
Peeyote	_____	_____	_____	_____	_____
Hashish	_____	_____	_____	_____	_____
PCP	_____	_____	_____	_____	_____
Angel Dust	_____	_____	_____	_____	_____
THC (Marijuana)	_____	_____	_____	_____	_____
STP	_____	_____	_____	_____	_____
LSD	_____	_____	_____	_____	_____
Mescaline	_____	_____	_____	_____	_____
Magic Mushrooms	_____	_____	_____	_____	_____
Psilocybin	_____	_____	_____	_____	_____
Heroin	_____	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____	_____
Quaaludes	_____	_____	_____	_____	_____
Opium	_____	_____	_____	_____	_____
Speed	_____	_____	_____	_____	_____
Uppers	_____	_____	_____	_____	_____
Downers	_____	_____	_____	_____	_____
Rush	_____	_____	_____	_____	_____
Steroids (Type steroid)	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____

COUNTY OF CHARLESTON)
)
STATE OF SOUTH CAROLINA)

AFFIDAVIT

Personally appeared before me, _____, who first being sworn, deposes and says that (s)he has read the attached memo which explains the provisions of the Gun Control Act of 1968 and (s)he answers the following questions to the best of his/her knowledge and belief and further understands that furnishing false information may be grounds for adverse personnel action as well as prosecution for false swearing.

Have you been convicted of a misdemeanor crime of domestic violence within the meaning of the statute as defined in the memo pertaining to possession of firearms/ammunition? ____ yes ____ no ____
____ not certain (If uncertain, explain here or on attachment.)

Are you subject to a current restraining order issued by any court which restrains you from harassing, stalking, or threatening a past or present intimate partner or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child and which includes a finding that you represent a credible threat to the physical safety of the person or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against the person that would reasonably be expected to cause bodily harm, as defined in the memo pertaining to possession of firearms/ammunition? ____ yes ____ no ____ not certain.
(If uncertain, explain here or on attachment.)

WITNESSED, this ____ day of _____, 199__.

(Signature)

(Name)

Sworn to before me this ____ day of _____, 199__.

Notary Public for South Carolina

My commission expires on _____

TOWN OF SULLIVAN'S ISLAND



Disclosure Regarding Employment Background Report

The Town of Sullivan's Island may obtain from Sterling Infosystems, Inc. ("STERLING"), 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlingtalentsolutions.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your employment or employment application. If you are hired, to the extent permitted by law, The Town of Sullivan's Island may obtain from STERLING further reports throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

TOWN OF SULLIVAN'S ISLAND



Authorization to Obtain Employment Background

I have read the Disclosure Regarding Employment Background Report provided by the Town of Sullivan's Island and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING TALENT SOLUTIONS"), a consumer reporting agency located at 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlingtalentsolutions.com, of background reports regarding me and the release of such reports to the Town of Sullivan's Island and its designated representative, to assist the Town of Sullivan's Island in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, education institution, motor vehicle agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to Sterling Infosystems, Inc. and/or the Town of Sullivan's Island itself, and authorize Sterling Infosystems, Inc. to provide such information to the Town of Sullivan's Island. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Signature

Date

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>
<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>