

Last Name	First
Position Applied For	



## *Employment Application Form*

*The City of Florida City is an equal opportunity employer and a drug free workplace. Applicants and employees are evaluated on the basis of job qualifications—not race, color, religion, creed, sex, sexual orientation, gender identity, national origin, age, disability, veteran, marital, or domestic partner status, citizenship or any other status or characteristic covered by federal, state or local law. Further, the City of Florida City provides reasonable accommodations to the known limitations of otherwise qualified individuals with disabilities unless doing so would result in an undue hardship. The City will provide reasonable accommodations in the employment process for any disabled applicant. Please inform us of any special accommodations needed prior to testing and interviews.*

CITY OF FLORIDA CITY

DIRECTIONS FOR COMPLETING EMPLOYMENT APPLICATION

Please fill out the application, the EEQ Questionnaire and Military Experience (if applicable) completely - particularly the address and telephone number. Please include, in the appropriate blank, the name and telephone number of someone who will take a message and relay it to you should we try to reach you at a time when you may not be available. The City of Florida City Personnel Department only accepts applications for jobs currently posted. Please see the bulletin board for postings. This policy helps us give personal attention to applicants for current openings.

We will submit your application, if it meets minimum qualifications as posted, to the Department that has the opening. They will review it and call you for an interview based on your information and qualifications. However, the City of Florida City reserves the right to limit the number of qualified candidates to be interviewed, and reserves the right to arrange for pre-employment substance abuse testing and background screening.

Please include all information, including resumes and letters of recommendation, that is relevant to the job for which you are applying. If you have a resume, attach it or use it to assist you in answering the questions on the application. Failure to complete the entire application may be cause for rejecting it. Any misrepresentation, false or incomplete information or omission of facts requested is cause for rejection of the application or dismissal from City of Florida City service. Please add any comments on the back of this application, such as why you feel you are especially qualified for this job, etc. Be sure to account for periods of unemployment. Attach additional sheets if necessary. Please include copies of degrees or transcripts.

You must complete an application for each vacant position which is posted and you are interested in for consideration. Our new openings are generally advertised in the Miami Herald and/or The South Dade News Leader, and are posted on City website as well as the bulletin board located in Building 4.

Thank you for your interest in the City of Florida City.

Personnel Department  
City of Florida City  
404 West Palm Drive  
Florida City, Florida 33034-0570  
(305) 245-1861 Fax (305) 242-8133  
[www.floridacityfl.gov](http://www.floridacityfl.gov) (website)  
[pdirector@floridacityfl.gov](mailto:pdirector@floridacityfl.gov) (email)

**NOTICE: APPLICATIONS ARE PUBLIC RECORDS UNDER FLORIDA LAW**

**HAND PRINT ANSWERS TO ALL QUESTIONS IN BLACK INK !**

**PLEASE REVIEW ENTIRE APPLICATION BEFORE YOU BEGIN**

Answer every question; if a question does not apply to you, enter "N/A" (not applicable). If additional information is requested include both the question and response in a separate attachment.

Failure to carefully follow these instructions will eliminate or adversely affect consideration of your application

Note: The Medical Release included in the application will not be utilized unless/ until you are appointed, continuation of employment will be subject to compliance with the City's medical requirements.

**INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED**

Name (Last)	(Middle)	(First)
Maiden Name	Alias	
Address		
City	State	Zipcode
Telephone (home)	(work)	
(if at present address less than 5 years, list previous address)		
Address		
City	State	Zipcode
Social Security Number	- -	(attach copy of registration)
Under 18 Years of Age	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach copy of Work Permit)
Ever been fingerprinted	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever taken a drug test	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever been arrested	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Any criminal convictions	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Drink alcoholic beverages	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever steal from employer	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Use non-prescription drugs	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever use a different name	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
Ever taken a polygraph exam	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach detailed information)
U.S Citizen	<input type="checkbox"/> NO <input type="checkbox"/> YES	(attach authorization to work in U.S.)

**EDUCATION**

<b>CIRCLE HIGHEST GRADE COMPLETED</b>												<b>COLLEGE</b>				<b>GRADUATE SCHOOL</b>			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

**HIGH SCHOOL(S) AND ALL OTHER SCHOOL(S) ATTENDED**  
 Start with first High School, attach additional sheets if necessary

<b>1</b>	<input type="checkbox"/> High School	<input type="checkbox"/> GED
----------	--------------------------------------	------------------------------

Name	
Location	
Attended From	To
Credits <input type="text"/> <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average
Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Major	Minor

<b>2</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational / Technical	<input type="checkbox"/> College
----------	--------------------------------------	-------------------------------------------------	----------------------------------

Name	
Location	
Attended From	To
Credits <input type="text"/> <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average
Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Major	Minor

<b>3</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational / Technical	<input type="checkbox"/> College
----------	--------------------------------------	-------------------------------------------------	----------------------------------

Name	
Location	
Attended From	To
Credits <input type="text"/> <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average
Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Major	Minor

<b>4</b>	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational / Technical	<input type="checkbox"/> College
----------	--------------------------------------	-------------------------------------------------	----------------------------------

Name	
Location	
Attended From	To
Credits <input type="text"/> <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Grade Point Average
Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Major	Minor

**EDUCATION**

**5**                       High School                       GED

Name				
Location				
Attended From			To	
Credits		<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter	Grade Point Average
Graduate		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Degree
Major			Minor	

**6**                       High School                       Vocational / Technical                       College

Name				
Location				
Attended From			To	
Credits		<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter	Grade Point Average
Graduate		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Degree
Major			Minor	

**7**                       High School                       Vocational / Technical                       College

Name				
Location				
Attended From			To	
Credits		<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter	Grade Point Average
Graduate		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Degree
Major			Minor	

**OTHER TRAINING/ CERTIFICATE PROGRAM(S)**

Attach additional sheets if necessary

Course / Program Title	Name of School or Institution	Dates Attended		Class Hours
		From	To	

Attach a copy of all diploma(s) / certificate(s) claimed, and transcript(s) from all college(s) / vocational / technical training school(s) attended. If degree(s) is from a foreign school, include a transcript evaluation by a U.S. college (or vocational / technical training school if appropriate). For assistance or more information contact the City's Personnel Office.

**Employment Record** (You must include employment dates, salaries and reasons for leaving. Start with your present or most recent employer).

Total Years of Paid Experience	Full Time	Part Time
Total Years Applicable Experience	Full Time	Part Time

List every employer - Starting with current or most recent

Employer		
Address		
City	State	Zipcode
Product or Service	Total Employees	
Supervisor's Name	Phone [ ]	
Position Title	Number Supervised	
Employed	From	To
[ ] Full Time	[ ] Part Time	(Hours per Week )
Starting Pay \$		Ending Pay \$
Description of Position		

Reason for Leaving

Employer		
Address		
City	State	Zipcode
Product or Service	Total Employees	
Supervisor's Name	Phone [ ]	
Position Title	Number Supervised	
Employed	From	To
[ ] Full Time	[ ] Part Time	(Hours per Week )
Starting Pay \$		Ending Pay \$

Description of Position
-------------------------

Reason for Leaving

**Employment History**

<b>Employer</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zipcode</b>	
<b>Product or Service</b>			<b>Total Employees</b>
<b>Supervisor's Name</b>			<b>Phone</b> [ ]
<b>Position Title</b>			<b>Number Supervised</b>
<b>Employed</b>	<b>From</b>	<b>To</b>	<b>Starting Pay \$</b>
[ ]	<b>Full Time</b>	[ ] <b>Part Time</b>	<b>(Hours per Week )</b>
			<b>Ending Pay \$</b>
<b>Description of Position</b>			

**Reason for Leaving**

<b>Employer</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zipcode</b>	
<b>Product or Service</b>			<b>Total Employees</b>
<b>Supervisor's Name</b>			<b>Phone</b> [ ]
<b>Position Title</b>			<b>Number Supervised</b>
<b>Employed</b>	<b>From</b>	<b>To</b>	<b>Starting Pay \$</b>
[ ]	<b>Full Time</b>	[ ] <b>Part Time</b>	<b>(Hours per Week )</b>
			<b>Ending Pay \$</b>

**Description of Position**

**Reason for Leaving**

**Employment History**

<b>Employer</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zipcode</b>	
<b>Product or Service</b>			<b>Total Employees</b>
<b>Supervisor's Name</b>			<b>Phone</b> [ ] [ ]
<b>Position Title</b>			<b>Number Supervised</b>
<b>Employed</b>	<b>From</b>	<b>To</b>	<b>Starting Pay \$</b>
[ ]	<b>Full Time</b>	[ ] <b>Part Time</b>	<b>(Hours per Week )</b>
<b>Description of Position</b>			<b>Ending Pay \$</b>

**Reason for Leaving**

<b>Employer</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zipcode</b>	
<b>Product or Service</b>			<b>Total Employees</b>
<b>Supervisor's Name</b>			<b>Phone</b> [ ] [ ]
<b>Position Title</b>			<b>Number Supervised</b>
<b>Employed</b>	<b>From</b>	<b>To</b>	<b>Starting Pay \$</b>
[ ]	<b>Full Time</b>	[ ] <b>Part Time</b>	<b>(Hours per Week )</b>
<b>Description of Position</b>			<b>Ending Pay \$</b>

**Reason for Leaving**



### Employment History

Employer			
Address			
City	State		Zipcode
Product or Service			Total Employees
Supervisor's Name			Phone [ ]
Position Title			Number Supervised
Employed	From	To	Starting Pay \$
[ ]	Full Time	[ ] Part Time (Hours per Week )	Ending Pay \$

Description of Position

Reason for Leaving

Employer			
Address			
City	State		Zipcode
Product or Service			Total Employees
Supervisor's Name			Phone [ ]
Position Title			Number Supervised
Employed	From	To	Starting Pay \$
[ ]	Full Time	[ ] Part Time (Hours per Week )	Ending Pay \$

Description of Position

Reason for Leaving

Include all paid employment. Attach additional sheets if necessary, providing the same information requested above.

**Vehicle Operators License(s)  
Attach Copy(s)**

<input type="checkbox"/>	<b>Operator Number</b>	<b>State</b>	<b>Expiration</b>
<b>Restrictions</b>			
<input type="checkbox"/>	<b>Commercial Number</b>	<b>State</b>	<b>Expiration</b>
<b>Restrictions</b>		<b>Type</b>	
Ever receive a traffic citation	<input type="checkbox"/> NO	<input type="checkbox"/> YES	(Attach Details)
License ever suspended or revoked	<input type="checkbox"/> NO	<input type="checkbox"/> YES	(Attach Details)

**Professional License(s) / Registration(s)  
Attach Copy(s)**

<b>Type</b>	<b>Number</b>
<b>Issuing Agency</b>	<b>Expiration Date</b>
<b>Type</b>	<b>Number</b>
<b>Issuing Agency</b>	<b>Expiration Date</b>
<b>Type</b>	<b>Number</b>
<b>Issuing Agency</b>	<b>Expiration Date</b>

**Language Skills  
( Indicate level of proficiency: Beginner Intermediate Advanced Fluent )**

<b>Language</b>	<b>Understand</b>	<b>Speak</b>	<b>Read</b>	<b>Write</b>
<b>English</b>				

**Military Experience  
Attach copy of DD - 214  
(Copy of DD-204 may be required prior to appointment)**

<b>Active Duty</b>	<b>Branch</b>
<b>Date Entered</b>	<b>Date Discharged</b>
<b>Type</b>	
<b>Reserve Duty</b>	<b>Branch</b>
<b>Date Entered</b>	<b>Date Discharged</b>
<b>Type</b>	
<b>ID Number</b>	<b>Highest Rank</b>
<b>Served Outside U.S.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Final Rank</b>
<input type="checkbox"/> <b>Served during time of war</b>	<b>From</b> <input type="checkbox"/> <b>To</b> <input type="checkbox"/>
<b>Any Metals / Decorations</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	(Attach detailed information)
<b>Any Disciplinary Action</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	(Attach detailed information)

Personal References	Name		Occupation
	Address		
	City	State	Zipcode
	Telephone (Day Time) (    )		Years Known
	Name		Occupation
	Address		
	City	State	Zipcode
	Telephone (Day Time) (    )		Years Known
	Name		Occupation
	Address		
City	State	Zipcode	
Telephone (Day Time) (    )		Years Known	
Professional References	Name		Occupation
	Address		
	City	State	Zipcode
	Telephone (Day Time) (    )		Years Known
	Name		Occupation
	Address		
	City	State	Zipcode
	Telephone (Day Time) (    )		Years Known
	Name		Occupation
	Address		
City	State	Zipcode	
Telephone (Day Time) (    )		Years Known	

City of Florida City

Authority to Release and Verify Applicant Background Information

(Please read carefully)

In connection with my application for employment, I hereby authorize the City of Florida City's Personnel Officer, or other duly authorized representative of the City of Florida City bearing this release, or copy thereof, to obtain and verify any information pertaining to my background records deemed necessary for employment by the City such as driver license, criminal, employment training and references, medical, credit, and/or educational records, including but not limited to, driving history, personal history, job performance, disciplinary actions, conviction records, medical records, or credit records. I understand that the City may require the use of polygraph testing as a condition of pre-employment for some positions and hereby authorize release of any polygraph test results. This release is executed with full knowledge and understanding that the information is for the official use of the City and is subject to the provisions of the Privacy Act, Public Law 93-579. Consent is also granted for the City to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I understand that the submission of an application does not guarantee employment or job availability. I further understand that, should an offer of employment be extended by the City of Florida City or accepted that such employment is at will and does not create a contractual obligation upon the City of Florida City to continue to employ me in the future.

I, and on behalf of my heirs, family or associates, hereby release you, as the custodian of such information or records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization to release such information, or any attempt to comply with this request.

This release shall remain in full force and effect for one year from the date set forth below, or, if employed by the City within one year of the date set forth below, until rescinded by my written notice to the City after termination of my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Date

City of Florida City

Authority to Release Medical Information

I hereby authorize the City of Florida City's Personnel Officer, or any other duly authorized representative to the City of Florida City bearing this release, or a copy thereof, to obtain any and all medical records relating to any or all of my medical history and records of treatment including alcohol and drug testing results.

This release is executed with full knowledge and understanding that the information is for the official user of the City and is subject to the provisions of the Privacy Act, Public Law 93-579 and the City's Personnel Rules and Regulations. Consent is also granted for the City to furnish the information described above to third parties only in the course of fulfilling the City's official responsibilities.

I, and on behalf of my heirs, family or associates, hereby release you, as the custodian of such information or records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization to release such information, or any attempt to comply with this request.

This release shall remain in full force and effect for one year from the date set forth below, or, if employed by the City within one year of the date set forth below, until rescinded by my written notice to the City after termination of my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Date

Why did you apply for this position?

How would your best friend describe you?

--

Have you worked for Florida City in the past  NO

Yes (Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_)

Do you have relatives working for the City  NO

Yes (Name \_\_\_\_\_ Relationship \_\_\_\_\_)

How did you learn this position was available  Newspaper  Friend

Magazine  Employee  Other (Specify) \_\_\_\_\_

Emergency Contacts

Primary \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number (Day Time) ( ) \_\_\_\_\_ (Night) ( ) \_\_\_\_\_

Secondary \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number (Day Time) ( ) \_\_\_\_\_ (Night) ( ) \_\_\_\_\_

Restricted Records

Release of certain records of law enforcement personnel and their spouses and children are restricted. Are you a current or former law enforcement officer or the child, spouse, or former spouse of a current or former law enforcement officer?  NO  YES (Attach complete information)

Certification by Applicant  
Read carefully before signing

I hereby certify that all statements made herein are true and complete. I understand that falsification of my application, any material omission, or misleading information will eliminate my application from consideration; if I have been appointed, I will be dismissed for any falsification.

I further understand that the City of Florida City is a Drug and Alcohol Free Workplace, that applicants are tested prior to appointment, and that if I test positive I will not be eligible for employment. As a condition of employment, I agree to periodic medical and psychological examinations as directed by the City; if I test positive for illegal drugs, or I am not able to perform my assigned duties due to alcohol, medical, psychological, or other conditions, that I will be dismissed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





**DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR  
INVESTIGATIVE CONSUMER REPORT**

Company Name: \_\_\_\_\_

In connection with your application and/or employment with above listed Company (hereinafter “the Company”) this notice is provided to inform you that a “consumer report” and/or “investigative consumer report,” as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, workers’ compensation claims (post job offer or conditional job offer), verification of education or employment history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Company and National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.’s privacy practices see [www.nationalcrimesearch.com](http://www.nationalcrimesearch.com). The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow the Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing.\* The Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of the Company.

**Acknowledgement and Authorization**

You hereby authorize the obtaining of a consumer report and/or investigative consumer report (criminal background check) at any time after receipt of this authorization by the Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of the Company, if applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Full Legal Name (please print)

\_\_\_\_\_  
Other or Former Names (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth\*\*

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Name on Driver’s License (if different from legal name)

\_\_\_\_\_  
Driver’s License #

\_\_\_\_\_  
State issued

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
E-mail address

\*To perform a GA Statewide search, the GCIC requires the applicant to have signed the authorization form within the last 30 days.

\*\*This information will be used for background screening purposes only and no other purpose.

## State Disclosures

**Minnesota & Oklahoma applicants or employees only:** Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Company. By checking "yes", a copy will be provided to you at the address you provide on this notice. I would like to receive a copy of my consumer report: ( ) Yes ( ) No

**New York applicants or employees only:** Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting National Crime Search, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing the Disclosure and Authorization.

**Washington State applicants or employees only:** Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosures to consumers (RCW 19.182.070) by contacting National Crime Search, Inc. directly.

**Massachusetts/New Jersey:** If you submit a request to National Crime Search, Inc. in writing, you have the right to know whether the Company ordered an investigative consumer report from National Crime Search, Inc. You may inspect and order a free copy of the report by contacting National Crime Search, Inc. directly.

**California, Maine applicants or employees only:** Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Company. By checking "yes" a copy will be provided to you at the address you provide on this Notice. I would like to receive a copy of my consumer report: ( ) Yes ( ) No

**California applicants or employees only:** You acknowledge receipt of a copy of the summary of the provisions of California Civil Code section 1786.22 by signing the Disclosure and Authorization form.

### CALIFORNIA RESIDENTS

California Residents – this summary of the provisions of California Civil Code section 1786.22 is being provided to you pursuant to state law.

Your employer intends to obtain information about you from an investigative consumer reporting agency, as defined under California law, for employment purposes.

Under California law you are entitled to visually inspect all files maintained about you by an investigative consumer reporting agency (ICRA), such as National Crime Search, Inc., upon request and presentation of proper identification during normal business hours and on reasonable notice as follows:

- In person. You may request a copy of your file. The ICRA may charge you for the actual copying costs associated with providing you with a copy of your file.
- By telephone. A summary of all information contained in the ICRA's file about you will be provided to you via telephone, if you have made a written request for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By certified mail. You may make a written request for copies to be sent to a specified addressee. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If an ICRA is unable to reasonably identify you on the basis of these documents, they may require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

*Para informacion en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe al 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 the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**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:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580 (877) 382-4357

<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group, 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423</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., 8<sup>th</sup> Floor Washington, DC 20549</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 Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

## **Right to Security Freeze Consumer Financial Protection Bureau**

### **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 a 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.

**Only the credit bureaus can provide security freezes or fraud alert services. Do not contact any other consumer reporting agency.**

#### **Contact the bureaus to obtain a freeze:**

**Equifax** - 1(800) 349-9960, NY residents 1(800) 349-9960, [www.freeze.equifax.com](http://www.freeze.equifax.com)

**Experian** - 1(888) 397-3742, [www.experian.com/freeze/center.html](http://www.experian.com/freeze/center.html)

**TransUnion** - 1(888) 909-8872, [www.transunion.com/credit-freeze](http://www.transunion.com/credit-freeze)

#### **Contact the credit bureaus for a fraud alert:**

**Equifax** - 1(800) 525-6285, Equifax Consumer Fraud Division, P.O. Box 740256, Atlanta, GA 30374

**Experian** - 1(888) 397-3742, [www.experian.com/fraud/center.html](http://www.experian.com/fraud/center.html)

**TransUnion** - 1(800) 525-6285, [www.transunion.com/fraud](http://www.transunion.com/fraud)