

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS FACILITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER WE RECRUIT, HIRE TRAIN AND EMPLOY WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEX, MARITAL STATUS OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAW

PLEASE PRINT ALL REQUESTED INFORMATION
DATE: _____

POSITION(S) APPLIED FOR _____ SALARY DESIRED _____

ARE YOU APPLYING FOR
 FULL TIME OR PART TIME REGULAR TEMPORARY SUMMER EMPLOYMENT
 IF SEEKING PART TIME WORK SPECIFY THE NUMBER OF DAYS PER WEEK _____

LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY NUMBER
 _____ | _____ | _____ | | | | | |

ADDRESS CITY STATE ZIPCODE AREA CODE TELEPHONE NUMBER
 _____ | _____ | _____ | _____ | () -- DAY
 _____ | _____ | _____ | _____ | () -- EVENING

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB(S) FOR WHICH YOU ARE APPLYING? YES NO
 ARE YOU 18 OR OLDER? YES NO

HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATING IN THE MEDICARE OR MEDICAID PROGRAM?
 YES NO
 HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?
 YES NO

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?
 YES NO
 IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED

 A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF CRIME AND YOUR SUBSEQUENT REHABILITATION.

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?
 YES NO WHEN? _____

DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY? YES NO
 NAME(S) _____
 HOW WERE YOU REFERRED?
 NEWSPAPER AD FRIENDS/RELATIVE
 EMPLOYEE REFERRAL REHIRE
 CAREER DAY OTHER _____
 JOB FAIR _____

HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE? YES NO

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB POSITION? YES NO
 IF "YES", EXPLAIN FULLY (A YES ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT)

 OTHER NAMES BY WHICH YOU ARE KNOWN:

SHIFT PREFERENCE (CHECK ONE) <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	IF PREFERRED SHIFT IS UNAVAILABLE, WILL YOU WORK? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>EVENING</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NIGHT</td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	DAY	<input type="checkbox"/>	<input type="checkbox"/>	EVENING	<input type="checkbox"/>	<input type="checkbox"/>	NIGHT	IF REQUIRED, WILL YOU WORK? <table style="width: 100%;"> <tr> <td style="width: 15%;">YES</td> <td style="width: 15%;">NO</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SATURDAYS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SUNDAYS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HOLIDAYS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ROTATING SHIFTS</td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	SATURDAYS	<input type="checkbox"/>	<input type="checkbox"/>	SUNDAYS	<input type="checkbox"/>	<input type="checkbox"/>	HOLIDAYS	<input type="checkbox"/>	<input type="checkbox"/>	ROTATING SHIFTS
YES	NO																												
<input type="checkbox"/>	<input type="checkbox"/>	DAY																											
<input type="checkbox"/>	<input type="checkbox"/>	EVENING																											
<input type="checkbox"/>	<input type="checkbox"/>	NIGHT																											
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<input type="checkbox"/>	<input type="checkbox"/>	HOLIDAYS																											
<input type="checkbox"/>	<input type="checkbox"/>	ROTATING SHIFTS																											

FOR OFFICE USE ONLY EMPLOYEE NUMBER _____

 APPLICATION NUMBER _____

EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

NAME OF EMPLOYER	POSITION HELD	DATES FROM TO	HRS/WK
ADDRESS	NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> Now <input type="checkbox"/> After offer of employment?	TELEPHONE #
CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

NAME OF EMPLOYER	POSITION HELD	DATES FROM TO	HRS/WK
ADDRESS	NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> Now <input type="checkbox"/> After offer of employment?	TELEPHONE #
CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

NAME OF EMPLOYER	POSITION HELD	DATES FROM TO	HRS/WK
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CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

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EDUCATION				
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	LIST DIPLOMA DEGREES(S) OBTAINED
HIGH SCHOOL			1 2 3 4	
COLLEGE(S)			1 2 3 4	
			5 6 7 8	
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING – Approx WPM _____	
			SHORTHAND – Approx WPM _____	
LIST BUSINESS, HOSPITAL, NURSING FACILITY MEDICAL OR INDUSTRIAL EQUIPMENT <u>OPERATED</u>			WORD PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT WORD PROCESSING EQPT ARE YOU FAMILIAR WITH?	
PROFESSIONAL LICENSES AND/OR CERTIFICATES				
ARE YOU:	CURRENTLY	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED
	ELIGIBLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION
IF LICENSED REGISTERED OR CERTIFIED:				
TYPE	NO:	STATE ISSUED	DATE ISSUED:	EXPIRATION
LANGUAGE SKILLS (OTHER THAN ENGLISH)				
SINCE COMMUNICATION WITH RESIDENTS, THEIR FAMILIES AND PHYSICIANS SOMETIMES INVOLVES THE USE OF FOREIGN LANGUAGES, PLEASE IDENTIFY OTHER LANGUAGES THAT YOU SPEAK _____, WRITE _____, AND READ _____ INCLUDING SIGN LANGUAGE:				
UNITED STATES MILITARY SERVICE:				
If you obtained any experience or skills while performing military service that relates to the job for which you are applying, please describe the nature of your duties that led to the experience.				
ADDITIONAL REFERENCES				
PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. THESE INCLUDE PERSONS IN ACADEMIC INSTITUTIONS, VOLUNTEER ORGANZATIONS, ETC. (NOT FRIENDS OR RELATIVES)				
NAME	ADDRESS	TELEPHONE	RELATIONSHIP	
ADDITIONAL INFORMATION:				
Please include any additional information that you think would be applicable: e.g., internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment, Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or-state law.				

**RELEASE AUTHORIZATION AND
FAIR CREDIT REPORTING ACT DISCLOSURE
[FOR EMPLOYMENT PURPOSES]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application or resume during the term of employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). 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.

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, and licensing agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment.

Date: _____ Signature of Applicant: _____

Print Name: _____

IMPORTANT STATEMENTS-READ CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the facility may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the facility to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the facility, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the facility. I also understand that no representative of the facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with this facility.

Date: _____ **Signature:** _____

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

DATE OF BIRTH	MAIDEN NAME
PERSON TO NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP
ADDRESS CITY STATE	AREA CODE TELEPHONE NUMBER

CONFIDENTIAL TELEPHONE REFERENCE

Applicant: _____

Date of Ref. Check: _____

Position Requested: _____

Checked By: _____

1. Previous Employer

Company Name: _____

Phone #: _____ - _____ - _____

Address: _____

Person Talked To: _____

Title: _____

1. Was the person employed by your company? _____ **YES** _____ **NO**
2. The person states that he/she worked for your company from _____ to _____.
Is that correct? _____ **YES** _____ **NO**
If no, correct dates are? _____ to _____.
3. Would you re-employ this person? _____ **YES** _____ **NO**
If not, why not? _____

Additional Information: _____

2. Previous Employer

Company Name: _____

Phone #: _____ - _____ - _____

Address: _____

Person Talked To: _____

Title: _____

4. Was the person employed by your company? _____ **YES** _____ **NO**
5. The person states that he/she worked for your company from _____ to _____.
Is that correct? _____ **YES** _____ **NO**
If no, correct dates are? _____ to _____.
6. Would you re-employ this person? _____ **YES** _____ **NO**
If not, why not? _____

Additional Information: _____

DISCLOSURE REGARDING CONSUMER REPORTS

Priority Management
1000 Chinaberry Drive | Suite 200 | Bossier City, LA 71111
318-658-9977

PRIORITY MANAGEMENT Will Obtain a Background Check

You acknowledge and understand that in connection with your application for employment with PRIORITY MANAGEMENT (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a “consumer report” and/or an “investigative consumer report” on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

Consumer Report Defined

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a “background check report.”

Investigative Consumer Report Defined

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

Reports May Contain

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

800-600-8999 | CustomerCare@trak-1.com

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for PRIORITY MANAGEMENT to obtain a complete consumer report:

Full Legal Name : _____
(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Gender*: M / F Race*: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to PRIORITY MANAGEMENT any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize PRIORITY MANAGEMENT ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish PRIORITY MANAGEMENT and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: _____ Date: _____

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer

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

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

REQUEST FOR CRIMINAL HISTORY CHECK

This facility is required to conduct a criminal history check on all potential employees who seek employment at this facility. This check must be initiated before an offer of employment can be made. Identifying information submitted by you will be submitted electronically to People Facts/Trak-1 to obtain the potential employee’s criminal conviction record. The facility may repeat this procedure at any time in the future and is for the exclusive use of this facility. This facility is not allowed to discuss any information obtained using this method. However, if the search provides a criminal report that the applicant knows could not be theirs, they may be offered the opportunity to have a fingerprint search performed to clear any misidentification based on our initial search. This fingerprint search will be the responsibility of the applicant.

If you do become employed at this facility and are convicted of an offense that would preclude employment in a nursing facility and/or are excluded from participation in any Federal/State health care program after your hire date, you must report this immediately to the Administrator of this facility.

In order to conduct this check, the applicant must provide at least the following “identifying information”:

1. Complete name: _____

(First) (Middle) (Last)

2. Maiden Name and/or other names you go by: _____

3. Date of Birth: _____

4. Social Security Number: _____

I have read the above statement and understand these requirements.

Employee Printed Name

Employee Signature

Date

Facility Representative Printed Name

Facility Representative Signature

Date