

APPLICATION FOR EMPLOYMENT

Position Desired _____

☐ Full Time ☐ Part Time

Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but it is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination, and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. Further I understand that at any time after I am hired, the Company may require me to submit to a physical examination, and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to the Company. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant

PERSONAL DATA

Name _____ Social Security No. _____
(Print) Last Name First Middle

Present Address _____ How long have you live there? _____
Street and Number City State Zip Years Month

Previous Address _____ How long did you live there? _____
Street and Number City State Zip Years Month

Telephone No. _____ Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever worked for this Company before? ☐ Yes ☐ No If yes, please give dates and position: _____

Do you have any friends or relatives working here? ☐ Yes ☐ No If yes, Name: _____

Do you have a reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time? ☐ Yes ☐ No

If a driver's license is required for the position for which you are applying, do you have a valid driver's license? ☐ Yes ☐ No
License No. State Expiration Date

Have you been cited for a traffic violation of any kind within the last FIVE years? ☐ Yes ☐ No. If yes, please give date and details: _____

NOTE: An affirmative answer to the following question will not automatically disqualify you from consideration for the position for which you are applying. Factors such as age of the conviction, time of events, seriousness and nature of the violation, and rehabilitation are taken into account.

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? ☐ Yes ☐ No

If yes, please give date and details of each: _____

How many days of work have you missed in the last THREE years due to reasons other than paid holidays and vacation?

Year	No of Days
Year	No of Days
Year	No of Days

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? ☐ Yes ☐ No

EDUCATION

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study or Major				
Describe Specialized Training, Military Experience, Skills, and Extra-curricular Activities				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Present or Last Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	
		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	
		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	
		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	
		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip Code		\$		
Telephone	To (mo./yr.)	Final	Name of Last Supervisor	
		\$		

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No. If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer: ☐ Yes ☐ No. If no, please explain: _____

CHARACTER REFERENCES

Please list persons who know you well – Not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known

ADDITIONAL INFORMATION – Please indicate any actual experience you have in any of the following positions:

OFFICE

- ☐ Office Manager
- ☐ Bookkeeper
- ☐ Accounts Receivable
- ☐ Accounts Payable
- ☐ Payroll Clerk
- ☐ Tag/Title Clerk
- ☐ Warranty Clerk
- ☐ Data Entry
- ☐ Cashier

SALES/LEASING

- ☐ Sales Manager
- ☐ Sales Person (New Car)
- ☐ Sales Person (Used Car)
- ☐ Sales Person (Truck)
- ☐ F & I Manager
- ☐ Leasing Manger
- ☐ Fleet Manager
- ☐ Truck Manager
- ☐ Used Car Manager

SERVICE AND REPAIR

- ☐ Service Manager
- ☐ Service Writer/Advisor
- ☐ Dispatcher
- ☐ Shop Foreman
- ☐ Mechanic/Technician
- ☐ Electrician
- ☐ Helper
- ☐ Painter
- ☐ Body Repair
- ☐ Get Ready

PARTS

- ☐ Parts Manager
- ☐ Parts Counter
- ☐ Parts Stocker
- ☐ Parts Driver

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

NOTICE TO APPLICANTS

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to age, race, color, sex, religion, national origin, handicap, or marital status. Your opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered.

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

We also maintain a Drug-Free Workplace as defined by the Rules of the State of Florida, Department of Health and Rehabilitative Services, Chapter 10E-18, Florida Administrative Code, Drug-Free Workplace Standards, and the Florida Department of Labor and Employment Security pursuant to Rules for Workers' Compensation Drug Testing, 38F-9, a complete copy of which is maintained by the employer for review by employees upon request.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that in accordance with Florida Statute §443.131 (3) (a) (2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within this 90-day probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____ (Initial)

I understand, under Rules of the State of Florida for Drug-Free Workplaces, as a condition of my employment, I must take and pass a preemployment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy statement, copies of which have been provided to me and a copy, executed by me, returned to the employer. _____ (Initial)

I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my preemployment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the 90-day probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause under the provisions of Workers' Compensation Drug Testing Rule 38F-9.004 (3) (b) and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____ (Initial)

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer. _____ (Initial)

I certify that all information given to the employer by me in the form of an employment application, resumé, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer will make a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____ (Initial)

I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience. _____ (Initial)

Applicant's Printed Name

Date

Applicant's Signature

Witness' Printed Name

Date

Witness' Signature

OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosures

Investigative Consumer Report:

_____ (the "Company") may request an investigative consumer report about you from Applicant 360, a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the "Additional State Law Notices" for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by Applicant 360, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from Applicant 360 (or from a consumer reporting agency other than Applicant 360) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

[☐] **California, Minnesota or Oklahoma consumers:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.

Additional State Law Notices

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity. Additional California-specific information is attached.

Applicant 360 will prepare or assemble the background reports for the Company. Applicant 360 is located and can be contacted at 5635 Hoover Blvd., Tampa, FL 33634, (877) 963-258.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency for a copy of any investigative consumer report the Company requested about you.

NEW YORK: You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for Applicant 360, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Name (Please Print): _____

Applicant Signature: _____

Date: _____

**APPLICANT INFORMATION FOR BACKGROUND INVESTIGATION
FOR EMPLOYMENT PURPOSES**

Last Name _____ **First Name** _____ **Middle** _____

Street Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Driver's License Number: _____ **License State:** _____ **Exp. Date:** _____

Professional License Type (if applicable): _____

Professional License #: _____ **Professional License State:** _____

The following information is for identification purposes only for the purpose of performing the employment screening and will not be used in violation of any class protection laws such as the Equal Employment Opportunity Commission (EEOC), Title VII of the Civil Rights Act of 1964, Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 (ADEA) or the Americans with Disabilities Act of 1990 (ADA)

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Gender (M or F): _____ **Race:** _____ **Other Names (maiden, AKA, etc.):** _____

**DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

Disclosure

_____ (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

Applicant 360 will prepare or assemble the background reports for the Company. Applicant 360 is located and can be contacted at 5635 Hoover Blvd., Tampa, FL 33634, (877) 963-2583.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

Applicant Name (Please Print): _____

Applicant Signature: _____

Date: _____

Para información en español, visite <http://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).
- 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 NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA 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 PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., 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 & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to 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 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>