



5051 Cardinal Street Trussville, AL 35173
phone 205.661.4400 fax 205.661.4597

Thank you for your interest in McPherson Oil!

To apply for a position please complete the attached application.

You may submit your application via:

Email: careers@mcphersonoil.com

Fax: 205.661.4596

Mail: McPherson Oil
ATTN: HR
5051 Cardinal Street
Trussville, AL 35173

We look forward to receiving your information.



"The Sun Never Sets
On Our Service"

DELIVERY AGENT APPLICATION FOR EMPLOYMENT

5051 Cardinal Street - Trussville, Alabama 35173
Local (205) 661-4400 Toll Free (888) 802-7500

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Alternate Telephone # (____) _____

SS # _____ Email Address: _____

Have you ever been known by another name? Yes No If yes, list name(s)? _____

Date of Birth ____/____/____ Can you provide proof of age Yes No (Proof of age is required for all Commercial Drivers)

Position(s) applied for _____ Referral Source _____

Have you worked for The McPherson Companies in the past? Yes No If yes, list location(s)? _____

Dates To: _____ From: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Do you have any relatives working for The McPherson Companies? Yes No

If yes, please list name, relationship and their employment location: _____

Type of employment desired: Full-time Part-time Temporary Seasonal

Please specify hours and days available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM:							
TO:							

Date available for work ____/____/____ What is your desired salary range or hourly rate of pay? \$ _____

Have you submitted an application here before? Yes No If yes, when? _____

If necessary, best time to call you is: _____ am or pm Phone number: _____

May we contact you at work? Yes No If yes, work number and best time to call: _____ am or pm

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you legally eligible for employment in this country? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If yes, please explain: _____

Will you work overtime if required? Yes No If no, explain: _____

An Equal Opportunity Employer

Employment History - Starting with your most recent employer, provide the following information.

To drive in interstate commerce all driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address. (Include Street Number, City, State and Zip Code)

To drive a commercial motor **vehicle (*)** on intrastate or interstate commerce, all applicants shall provide additional 7 years information on those employers for whom the applicant operated such vehicles.

† - The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than eight passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer:	Telephone #
Address:	
Dates employed: From (mo/yr) To (mo/yr)	Compensation (starting)
Job title:	Compensation (ending)
Immediate supervisor and title:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Telephone #
Address:	
Dates employed: From (mo/yr) To (mo/yr)	Compensation (starting)
Job title:	Compensation (ending)
Immediate supervisor and title:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

If not addressed on previous page, have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain: _____

Employment History (Continued)

Employer:	Telephone #
Address:	
Dates employed: From (mo/yr) To (mo/yr)	Compensation (starting)
Job title:	Compensation (ending)
Immediate supervisor and title:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Telephone #
Address:	
Dates employed: From (mo/yr) To (mo/yr)	Compensation (starting)
Job title:	Compensation (ending)
Immediate supervisor and title:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Telephone #
Address:	
Dates employed: From (mo/yr) To (mo/yr)	Compensation (starting)
Job title:	Compensation (ending)
Immediate supervisor and title:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
Were you subject to the FMCSRs † - while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Driving Experience — Check YES or NO and Circle type of vehicle

Class & Type of Equipment									Dates To/From	Approximate Miles Driven
Straight truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Van	Tank	Flat	Dump	Refer			
Tractor & Semi-Trailer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Van	Tank	Flat	Dump	Refer			
Tractor—Two Trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Van	Tank	Flat	Dump	Refer			
Tractor—Three Trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Van	Tank	Flat	Dump	Refer			
Motorcoach—school bus (more than 8 passengers)			<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Motorcoach—school bus (more than 15 passengers)			<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Other: _____										

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been suspended or revoked? Yes No
If you answered yes to either of the above questions, please give details: _____

List states you have operated in for the last 7 years: _____
 List special courses or training that will help you as a driver: _____

ACCIDENT RECORD: For the past 3 years or more (attach sheet if more space is needed) If none, write NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

List all driver licenses or permits held in the past 3 years.

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

List all Traffic Convictions and forfeitures for the past 3 years. (other than parking violations) If none, write **NONE**.

Location	Date	Charge	Penalty

Have you ever been convicted of a crime (felony or misdemeanor)? Yes No
 If yes, please state the nature of the offense, date and place of conviction, and sentence below.
 Answering yes will not automatically disqualify you – we have hired people who answer yes, depending on the offense and the specific job applied for. However, if you say no, and our background check shows that you did not provide complete or truthful information, you can be terminated for falsification regardless of the date or details of the incident.

References

List name and telephone number of two business/work references who are *not* related to you and are *not* previous supervisors.

Name	Title	Relationship to you	Telephone	Number of years known

Educational Background: Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/ Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____		

Are you presently attending school? Yes No

Purpose: _____ School Name: _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with The McPherson Companies, Inc. (TMC) is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I authorize you to make such investigations and inquiries of my medical history and related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e).

I understand that TMC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from TMC and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and TMC reserves the same right to terminate my employment at any time, with or without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of TMC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by TMC's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from TMC's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date _____/_____/_____



The McPherson Companies, Inc.

Consent and Acknowledgement

I am an applicant for employment with The McPherson Companies, Inc. and I understand that I am submitting to a drug screening as a condition of employment. I consent to this drug screening and, if I am a minor, my parent or guardian has also signed this form. I acknowledge that if accepted for employment, such employment relationship shall be "at will" and this drug screening shall establish no greater right.

This test is solely for the benefit of The McPherson Companies, Inc. and any and all records related are the exclusive property of The McPherson Companies, Inc. Such records shall be held in strict confidence. The McPherson Companies, Inc. shall have no obligation to accept applicant or to reveal the results of the test.

I consent to this drug screening of my own free will and I acknowledge that I have read and understood the above.

Applicant

Date

Parent or Guardian (if Minor applicant)

Witness

To: _____
Title: _____
Company: _____
Address: _____

Telephone #: _____
Fax #: _____
Date: _____ Pages: _____

From: Lona Painter
Title: HR and Transportation Coordinator
Company: The McPherson Companies, Inc.
Address: 5051 Cardinal Street
Trussville, AL 35173
Telephone #: 205-661-4476 or 205-288-6360
Fax: 205-661-4596
Email: lpainter@mcphersonoil.com

Part 391.23 of the Federal Motor Carrier Safety Regulations requires that all motor carriers investigate the past employment history of each CDL driver applicant to be hired. The regulations require that previous employment dates, drug and alcohol test history, and accident involvement be verified.

Since your company has been listed by this applicant as a past employer, please complete this request and return to Lona Painter by fax, mail, or email.

Thank you for your time,

Lona Painter

First Request: _____ Faxed Mailed Emailed Telephone
Second Request: _____ Faxed Mailed Emailed Telephone
Third and Final request: _____ Faxed Mailed Emailed Telephone
Date reported to the DOT for no response: _____

DRIVER AUTHORIZATION TO RELEASE PREVIOUS EMPLOYMENT INFORMATION
(This section only to be filled out by applicant)

WAIVER

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, employment dates, drug and alcohol testing and safety performance history to THE MCPHERSON COMPANIES, INC. which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the following information.

IN SIGNING BELOW, I CERTIFY THAT I HAVE READ AND FULLY AUTHORIZE RELEASE OF INFORMATION:

Applicants Printed Name

Applicants Signature

Social Security Number

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



A Hire Rate of Success

Investigation Consent Form and Receipt of Summary of FCRA Rights

FAX: 888-454-7679 or 205-380-7548

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act (FCRA) requirements. I release from liability the company I have made application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Results of previous drug testing within the past two years if positive for illegal substances; (7) Eligibility for rehire and circumstances of previous separations from employment; (8) Social Security Number verification; and (9) information concerning any or all worker's compensation claims if a conditional offer of employment has been made. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries. **By my signature below, I acknowledge that I have received a Summary of my Rights under the Fair Credit Reporting Act (FCRA).**

Signature Date

APPLICANT INFORMATION:			
_____ Last Name	_____ First Name	_____ Middle Initial	_____ Maiden Name
_____ Home Address	_____ City	_____ State	_____ Zip Code
_____ Former Address	_____ City	_____ State	_____ Zip Code
_____ Social Security Number	_____ Date of Birth	_____ Drivers License Number	_____ State License Issued

EMPLOYER INFORMATION:		
<u>Anna Marie Chapman</u>	<u>McPherson 500 Trussville</u>	<u>110146</u>
Contact Name	Client Name	Client ID
<u>205-661-4434</u>	<u>205-661-4596</u>	
Phone Number	Fax Number	

SERVICES ORDERED:			
Criminal History <input type="checkbox"/>	Trace/SSN Check <input type="checkbox"/>	OIG Check (Med. Fraud) <input type="checkbox"/>	
National Crim Search <input type="checkbox"/>	Reference Verification <input type="checkbox"/>	Peer Credit Report <input type="checkbox"/>	
Motor Vehicle Report <input type="checkbox"/>	State Sex Offender Search <input type="checkbox"/>	Business Credit <input type="checkbox"/>	
Education Verification <input type="checkbox"/>	National Sex Offender Search <input type="checkbox"/>	OFAC Report <input type="checkbox"/>	
Employment Verification <input type="checkbox"/>	Professional License Check <input type="checkbox"/>	Search AKA's <input type="checkbox"/>	
Federal Criminal <input type="checkbox"/>	FACIS <input type="checkbox"/>		

RETURN RESULTS BY:			
Fax Only <input type="checkbox"/>	Web Site <input type="checkbox"/>	Email <input checked="" type="checkbox"/>	
Mail <input type="checkbox"/>	Call Before Fax <input type="checkbox"/>		

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

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

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

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051