

Leavitt Family Jewish Home  
Ruth's House Assisted Living  
Sosin Center for Rehabilitation  
Spectrum Home Health & Hospice  
Wernick Adult Day Health  
Genesis House

Dear Applicant:

Thank you for your interest in joining the staff of JGS Lifecare (JGSL).

Employment applications for all JGSL positions are accepted Monday-Friday, 8:30 a.m.-4:00 p.m., at the Reception Desk in the Lobby of the Leavitt Family Jewish Nursing Home.

**Before completing the attached forms**, we ask that you review the following information so you have an understanding of our employment pre-employment process and Criminal Offender Record Information (CORI) policy:

- JGSL is a "smoke-free" campus.
- JGSL is registered under the provisions of M.G.L.C.6, §172 to receive Criminal Offender Record Information (CORI). CORI checks will only be conducted as authorized by the Department of Criminal Justice and Information Systems and M.G.L.C.6, §172, and only after:
  - You complete the attached CORI Acknowledgement Form; and
  - You provide a **government issued photo identification** with your application.  
(Examples of government issued photo identification: driver's license, passport, state identification, or any other photo identification that has been issued by a government entity.)
  - If you do not have government issued photo identification with you, for purposes of completing your application we can accept a government issued non-photographic identification (such as a social security card or a birth certificate).
  - A copy of your government issued identification will be made to keep with your application.
  - Unfortunately, if you do not have any of the required government issued identification with you, we cannot accept your application at this time. We apologize for any inconvenience this may cause you. (*A copy of the JGSL CORI policy is available upon request.*)
- JGSL is required to notify you that on September 8, 2009 we began participation in **E-Verify**, a program of the Social Security Administration and the Department of Homeland Security. Additional information regarding **E-Verify** is included with this employment application. No action is required on your part at this time.
- Information from social media sites may be used by JGSL in making a hiring decision.
- Be sure to complete the application in full. A resume may be attached, but not substituted for the completion of the application. Applicants submitting incomplete applications may not be considered for employment.

Thank you, again, for your interest in JGS Lifecare. Good luck in your job search.

**Special Note to Applicants:**

**Each application is reviewed by Human Resources. If we are interested in interviewing, we will contact you directly or we will maintain your application on file for one year. Thank you.**



## Application for Employment

*Please PRINT clearly.*

**Please complete this application in full. A resume can be attached but not substituted for the completion of this application.**

DATE of APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

E-MAIL ADDRESS: \_\_\_\_\_

Are you under 18, can you furnish a work permit?  Yes  No **If yes**, can you furnish a work permit?  Yes  No

Have you ever been employed here before?  Yes  No **If yes**, please give dates: \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No *(Proof of U.S. citizenship/immigration status will be requested upon employment.)*

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct or performance based actions?  Yes  No **If yes**, describe in full on last page of application.

Are you related to an employee of the JGS Lifecare?  Yes  No  
 \*If yes, please provide the relative's name and relationship: \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_

Date available for work: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Per Diem  Temporary **Shift: 1 2 3**

EDUCATION	Name & Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate School				<input type="checkbox"/> yes <input type="checkbox"/> no	
Undergraduate				<input type="checkbox"/> yes <input type="checkbox"/> no	
High School				<input type="checkbox"/> yes <input type="checkbox"/> no	

**EMPLOYMENT HISTORY** *A resume cannot be substituted for the completion of this portion of the application.*

Verified work performed on a volunteer basis may be included as employment history.

Please give accurate, complete full-time and part-time employment record. **START WITH PRESENT OR MOST RECENT EMPLOYER.**

Company Name	Employed (Month and Year) from _____ to _____
Address	Telephone-( _____ )
City, State, and Zip Code	Reason for Leaving:
State Job Title and Describe Your Work	Name of Supervisor:
Company Name	Employed (Month and Year) from _____ to _____
Address	Telephone-( _____ )
City, State, and Zip Code	Reason for Leaving:
State Job Title and Describe Your Work	Name of Supervisor:
Company Name	Employed (Month and Year) from _____ to _____
Address	Telephone-( _____ )
City, State, and Zip Code	Reason for Leaving:
State Job Title and Describe Your Work	Name of Supervisor:

### **Applicant's Certification and Agreement**

I hereby certify that the information provided on this Application for Employment is true, correct and complete. I understand that the front and back of this application must be completed, and that a resume may be attached but not substituted for the completion of this Application for Employment form. I understand that, if employed, any misstatement or omission of fact on this Application may result in my dismissal.

I understand that I must take and pass a pre-employment physical, including a two-step Mantoux test, and a drug test as a condition of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and that my employment is to be at will.

I give permission to JGS Lifecare to obtain all information, which is pertinent to my former employment, to investigate all references and to secure additional information about me, if job related. I hereby release from liability JGS Lifecare, its representatives and employees, for seeking such information and all other persons, corporations, or organizations for furnishing such information.

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Signature of Applicant

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Date

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and liability.



#### **PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE**

#### ***PLEASE READ BEFORE SIGNING***

If an offer of employment is made to you, it is contingent upon the results of a medical exam and drug screening. I freely and voluntarily agree to submit to a pre-employment physical and a drug screen (through a provider selected and paid for by JGSL), as it relates to the requirements of a specific job, as part of my pre-employment application to JGSL. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by JGSL for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

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Signature of Applicant

---

Date



## CORI ACKNOWLEDGEMENT FORM

JGS Lifecare (including the Leavitt Family Nursing Home, Ruth's House Assisted Living, Sosin Center for Rehabilitation, Spectrum Home Health & Hospice Care, and Wernick Adult Day Health Care) is registered under the provisions of M.G.L.C.6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees and volunteers.

As a prospective or current employee or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to JGS Lifecare to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing JGS Lifecare with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT/VOLUNTEER PURPOSES ONLY: JGS Lifecare may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that JGS Lifecare must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Applicant/Volunteer/Employee Signature

\_\_\_\_\_  
Date

### Applicant/Volunteer/Employee Information (please print)

(\* indicates required information)

\_\_\_\_\_  
\*Last Name

\_\_\_\_\_  
\*First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Last Six Digits of Social Security number

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

\_\_\_\_\_  
\*Place of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number (Requested but not required)

Sex: \_\_\_\_\_

Height: \_\_\_ ft. \_\_\_ in.

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Current Address (Street Number & Name, City/Town, State, Zip)

\_\_\_\_\_  
Former Address (Street Number & Name, City/Town, State, Zip)

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Father's Name

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF  
\*GOVERNMENT ISSUED PHOTO IDENTIFICATION: \_\_\_\_\_.

Verified by:

\_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

Applicant's Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Reference Email: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_

Reference Company/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Relationship to Applicant:  Supervisor  Mentor  Professional Colleague  Other: *Specify relationship*

Applicant's Signature: \_\_\_\_\_

We would appreciate you taking the time to complete the following information and return the **completed form to JGS Lifecare? Thank you for your cooperation.**

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position/Title held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCE EVALUATION**

Please check the appropriate rating for each of the categories below:

**On a rating scale of 1 – 5 (1 = Poor; 2 = Fair; 3 = Good; 4 = Very Good; 5 = Excellent), please rate the individual in the following areas:**

Dependability (e.g., attendance and punctuality, etc.)	1	2	3	4	5
Attitude	1	2	3	4	5
Communication Skills	1	2	3	4	5
Organizational Skills	1	2	3	4	5
Initiative	1	2	3	4	5
Job knowledge and Ability to Understand and Meet Goals/Objectives	1	2	3	4	5
Teamwork skills	1	2	3	4	5
Adaptability	1	2	3	4	5
Other:					

What do you consider the applicant's greatest strength? \_\_\_\_\_

Could you identify an area needing improvement? \_\_\_\_\_

Is this person eligible for rehire?  Yes  No

If no, please state reason: \_\_\_\_\_

If there is any additional information that would help us in making a decision, please provide it in the space below.

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



Applicant's Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Reference Email: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_

Reference Company/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Relationship to Applicant:  Supervisor  Mentor  Professional Colleague  Other: *Specify relationship*

Applicant's Signature: \_\_\_\_\_

We would appreciate you taking the time to complete the following information and return the **completed form to JGS Lifecare? Thank you for your cooperation.**

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position/Title held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Please check the appropriate rating for each of the categories below:

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Organizational Skills	1	2	3	4	5
Initiative	1	2	3	4	5
Job knowledge and Ability to Understand and Meet Goals/Objectives	1	2	3	4	5
Teamwork skills	1	2	3	4	5
Adaptability	1	2	3	4	5
Other:					

What do you consider the applicant's greatest strength? \_\_\_\_\_

Could you identify an area needing improvement? \_\_\_\_\_

Is this person eligible for rehire?  Yes  No

If no, please state reason: \_\_\_\_\_

If there is any additional information that would help us in making a decision, please provide it in the space below.

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



***VOLUNTARY AFFIRMATIVE ACTION INFORMATION***

As required by law, we must comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this employee data survey. Your cooperation is appreciated, however, completely voluntary.

Please be advised that your survey is not a part of your official personnel record. It is considered confidential information that will not be used in any form other than recordkeeping for EEO purposes.

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or any other legally protected class or status.

DATE: \_\_\_/\_\_\_/\_\_\_

Position: \_\_\_\_\_

Referral source, check one:

\_\_\_advertisement \_\_\_employee \_\_\_walk-in \_\_\_school \_\_\_employment agency  
\_\_\_government employment agency \_\_\_other (identify) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
last first middle area code phone #

Address: \_\_\_\_\_  
street city state zip code

Date of Birth: \_\_\_\_\_

**Self-identification** *(please check all that apply):*

- Male  Female
  
- Hispanic or Latino
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or More Races
  
- I am a protected veteran  
*(Disabled Veteran, Recently Separated Veteran, Active Wartime or Campaign Badge Veteran and Armed Forces Service Medal Veteran.)*
- I am a protected veteran but I choose not to self-identify the classifications to which I belong.
- I am not a protected veteran.

FILED ONLY IN HUMAN RESOURCES OFFICE



## Voluntary Self-Identification of Disability

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

**You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.**

**Disabilities include, but are not limited to:**

- Blindness
- Deafness
- Cancer
- Epilepsy
- Diabetes
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major Depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability previously called mental retardation

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)**
- NO, I DON'T HAVE A DISABILITY**
- I DON'T WISH TO ANSWER**

---

**Your Name**

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**Today's Date**





## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternative format, using a sign language interpreter, or using specialized equipment.

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'Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of the federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp)

PUBLIC BURDEN STATEMENT: According to the paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

PLEASE COMPLETE THE ATTACHED FORM

**ONLY**

IF YOU WERE BORN, LIVED, WORKED OR ATTENDED  
AN EDUCATIONAL FACILITY OUTSIDE OF  
MASSACHUSETTS.

If you need assistance, please contact the  
Human Resource Department at 413-567-6211



770 Converse Street  
Longmeadow, MA 01106

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

JGS Lifecare may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, professional licenses and credentials. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Background Decision, (800) 813-4381, 155 Brookdale Drive, Springfield MA 01104, Backgrounddecision.com. To the extent permitted by law, the Company may obtain consumer reports from any outside organization throughout the course of your employment.

**ACKNOWLEDGMENT AND AUTHORIZATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Background Decision, 155 Brookdale Dr, Springfield, MA 01104, Phone: 413-736-4511 / 800-813-4381, Fax: 413-733-2061 / 800-345-3392, <http://www.backgrounddecision.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My signature below certifies that this acknowledgement and authorization was completed by myself and is complete and true to the best of my knowledge. Copies and facsimile copies of this document may be accepted in lieu of the original.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**APPLICANT INFORMATION**

\_\_\_\_\_  
Social Security #\*

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

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Residence Dates: (From – To)

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Residence Dates: (From – To)

\_\_\_\_\_  
Please list alias names you have used in the past seven years here. (May include maiden names, former legal names, etc)

\* Date of Birth & Social Security Number are being requested in order to obtain accurate retrieval of records.

## APPLICANT COPY

For a copy of our privacy policy, please visit [http://www.strategicinfo.com/pubs/sir\\_privacy\\_statement.pdf](http://www.strategicinfo.com/pubs/sir_privacy_statement.pdf)

Para información en español, visite [www.consumerfinance.gov/learnmore](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](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

## APPLICANT COPY

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 P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE 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 SW 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, SW, 8th Floor Washington, DC 20549</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE 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>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>