

## Instructions for Completing this Application for Employment

Please complete every section of the application. If a question does not apply to you, answer with "N/A". Incomplete applications will not be accepted.

Below are some additional instructions to help you complete your application properly.

### Page 1 – Driving Record

1. Complete all Driver's License information. If you do not have a Driver's License, write "N/A."
2. List all accidents during the last 3 years. If you have not had any accidents, write "N/A."
3. List all traffic tickets during the last 3 years. You do not need to list non-moving violations (parking tickets, red light camera tickets, etc.). If you have not had any tickets, write "N/A."
4. Answer the 2 *Yes/No* questions about your driver's license or permit.

### Page 1 – Criminal History

1. List all offenses within the past 10 years, including misdemeanors.
2. Do not include minor traffic violations in this section.

### Page 2-3 – Employment History

1. Include all of your employers for the last 10 years. Make sure to include the month and year that you started and stopped working for each employer. Use additional pages if needed.
2. Include the city and state for the employer even if you do not know the complete address.
3. If you had any gaps in employment that lasted for more than a month, explain why on a separate line:  
*For example:*  
Unemployed from 04/16 – 06/16  
In school from 08/07 – 05/11
4. Make sure to sign and date at the bottom of the page.

### Page 4 – D.O.T. Application Addendum

1. Everyone must complete the first box: name, date of birth, and social security number. Please write clearly.
2. Do you have a current CDL?
  - a. Yes:
    - Check the *Yes* box, and complete the rest of the form.
    - Write "N/A" in any boxes that do not apply to you.
    - Make sure to again answer the 2 *Yes/No* questions about your driver's license or permit.
  - b. No:
    - Check the *No* box, and skip to the last box on the page.
    - Again, answer the 2 *Yes/No* questions about your driver's license or permit.
3. Make sure to sign and date at the bottom of the page.

Return your completed application via email to [hrapps@plhgroupinc.com](mailto:hrapps@plhgroupinc.com) or fax to 972-893-1748.

# Application for Employment

Return Your Completed Application to Fax # 972-893-1748 or Email [hrapps@plhgroupinc.com](mailto:hrapps@plhgroupinc.com)

**You must answer every question. If a question does not apply to you, answer with N/A (Not Applicable). Incomplete applications will not be accepted.**

*In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or any pre-employment test.*

PERSONAL	<b>Please Print</b>	Today's Date:		Email Address:				
	Last Name	First	Middle	Emergency Contact Name / Telephone Number		Relationship?		
	Present Address— Street		City, State	Zip Code	Years at Address	Contact Telephone Number		
	Previous Address— Street		City, State	Zip Code	Years at Address	Alternate Telephone Number		
	For which company are you applying?				Referred By:			
	Position(s) Applied For:		Starting Hourly Rate/Desired Salary		Can You Provide Proof of Age?		Are you Eligible to Work in the United States?	
					Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Have you previously been employed by PLH Group or its subsidiaries?			If yes, list company and dates of employment				
Are you employed now?		May we contact your current employer?		Have you ever been fired or asked to resign by an employer?				
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>				

EDUCATION	SCHOOLS ATTENDED (College, Trade or Vocational School)	Dates Attended		Major	Type of Degree	Grade Average		Date of Graduation (Mo/Yr)
		From	To			Overall	Major	
Do you have a high school diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>								

DRIVING RECORD	Driver License Number		State	Expiration Date	Class	Endorsements		
	<b>Accident record for past 3 years (attach additional sheet if more space is needed)</b>							
	Date	Nature of Accident			Fatalities	Injuries		
<b>Traffic convictions and license forfeitures for the last 3 years (other than parking violations)</b>								
Date	Location			Charge	Penalty			
Have you ever been denied a license, permit or privileges to operate a motor vehicle?				Has any license, permit or privilege ever been suspended or revoked?				
Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details: _____				Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details: _____				

EXPERIENCE	List any training classes, licenses, and / or certifications that may be beneficial in the job for which you are applying. (Boom or Crane Certification, Lineman Training, Electrician License, H2S Training) Include expiration dates on all licenses:	
	Safety Awards Held:	List special equipment or technical materials you can work with:
	Please highlight any work experiences not covered in the employment history section of the application, that may be beneficial in the job for which you are applying:	

CRIMINAL	Within the last 10 years have you ever been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations? This includes a plea of guilty or nolo contendere (no contest), deferred adjudication, probation, court-ordered community supervision or pre-trial diversion.	
	Yes <input type="checkbox"/> No <input type="checkbox"/> NOTE: Answering yes to this question does not necessarily preclude you from consideration, depending on the position and the conviction.	
	If Yes, please list the date, nature, locations & disposition	

Office Use Only:
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**A total of 10 years work history is required for all drivers. All gaps in time must be shown. Use additional pages if necessary.**

<b>1. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
<hr/>			
<b>2. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
<hr/>			
<b>3. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
<hr/>			
<b>4. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
<hr/>			
<b>5. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
<hr/>			
<b>6. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
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**EMPLOYMENT HISTORY CONTINUED**

I affirm that I have read and fully completed this Employment Application, and the information I have provided is true and correct. I further acknowledge that I may be terminated at any time if any information I have supplied is false.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**A total of 10 years work history is required for all drivers. All gaps in time must be shown. Use additional pages if necessary.**

<b>7. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
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<b>8. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
<hr/>			
<b>9. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
<hr/>			
<b>10. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
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<b>11. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
<hr/>			
<b>12. Company Name</b>	Address	City/State	Phone
Dates Employed: From - To	Starting Salary \$	Current Salary \$	Reason for Leaving
Job Title	Supervisor	Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief Description of Duties (Include # of persons supervised if applicable)			
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**EMPLOYMENT HISTORY CONTINUED**

I affirm that I have read and fully completed this Employment Application, and the information I have provided is true and correct. I further acknowledge that I may be terminated at any time if any information I have supplied is false.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# D.O.T. Application Addendum

In addition to the regular application for employment, this Addendum must also be completed by all applicants who may operate a D.O.T. regulated company vehicle and/or may perform work for oilfield customers.

Last Name	First	Middle	Date of Birth	Social Security #
Do you have a current CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>				
What Class CDL do you currently have (check all that apply)			<input type="checkbox"/> A	<input type="checkbox"/> B
			<input type="checkbox"/> C	
Expiration date of your CDL? _____		Do you have a current Medical Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Expires: _____		

**Previous Employer D.O.T. Drug & Alcohol Testing Statement**

- Have you ever tested positive on a DOT Drug and/or Alcohol Test? Yes  No  If yes, when? \_\_\_\_\_
- Have you ever refused to take a DOT Drug and/or Alcohol Test? Yes  No  If yes, when? \_\_\_\_\_
- Have you ever violated any other DOT Drug and/or Alcohol Regulations? Yes  No
- If you answered 'Yes' to question #3, provide specific details (attach 2nd sheet if necessary):  
\_\_\_\_\_
- In the past two years have you tested positive or refused to test on any DOT pre-employment Drug and/or Alcohol test, and did not get hired for a safety-sensitive position as a result of the positive result or refusal? Yes  No
- If you answered 'Yes' to any of the above questions, did you successfully complete a DOT qualified SAP program? Yes  No  N/A   
Attach proof of your successful completion of SAP evaluation, recommended treatment, return-to-duty testing and follow-up testing; list name and contact number of your SAP: \_\_\_\_\_
- Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations? Yes  No

Driving Experience (Include Class of Equipment):	Most Recent Dates Driven		Total # Miles Recently Driven	Total Experience with this type of Truck
Straight Truck: _____ Type of Equipment (Van, Tanker, Flatbed, Reefer, etc.)	From _____	To _____	_____ Miles	_____ (days, weeks, mos, yrs)
Tractor Trailer: _____ Type of Equipment (Van, Tanker, Flatbed, Reefer, etc.)	From _____	To _____	_____ Miles	_____ (days, weeks, mos, yrs)
Other: _____ Type of Equipment (Van, Tanker, Flatbed, Reefer, etc.)	From _____	To _____	_____ Miles	_____ (days, weeks, mos, yrs)
Other: _____ Type of Equipment (Van, Tanker, Flatbed, Reefer, etc.)	From _____	To _____	_____ Miles	_____ (days, weeks, mos, yrs)

List States Operated in for the last 5 years: \_\_\_\_\_

Are you familiar with guidelines for an over-dimensioned permit? Yes  No  Are you familiar with FMCSA/PHMSA regulations? Yes  No

Have you ever hauled Class A permitted heavy haul, over-width, over-height, over-length loads? Yes  No

Special courses of training that will help you as a driver:  
\_\_\_\_\_

In addition to what you listed on the application and/or what you listed in "driving experience" above, please list any additional trucking, transportation, or other experiences that may help in your work for this company:  
\_\_\_\_\_

Safe driving awards held, dates and from whom:  
\_\_\_\_\_

Have you ever been denied a license, permit or privileges to operate a motor vehicle? Yes  No  Please give details: \_\_\_\_\_

Has any license, permit, or privilege ever been suspend or revoked? Yes  No  Please give details: \_\_\_\_\_

I affirm that I have read and fully completed this D.O.T. Application Addendum, and the information I have provided is true and correct. I further acknowledge that I may be terminated at any time if any information I have supplied is false.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## FR Clothing Sizes

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

Please write clearly as we will use this information to contact you if you are scheduled for Orientation!!!

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

Phone Number: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Pants Size – Waist: \_\_\_\_\_ Length: \_\_\_\_\_

**\*\*\*NOTE – Pants sizes run at least one size small in the waist. We recommend ordering one size larger than your normal waist size.\*\*\***

Rubber Gloves Size: \_\_\_\_\_

Rubber Sleeves Size: \_\_\_\_\_

Boot Size (for dielectric boots): \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize PLH Group, Inc., and any of its subsidiaries and agents (hereafter referred to as "the Company"), to make an independent investigation of my background, references, character, past employment, education, credit history, criminal/police records - including those maintained by both public and private organizations - and all public records for the purpose of confirming the information contained on my application. I further allow the Company to obtain other information which may also be material to my qualifications for employment. I grant the Company permission to perform such investigations and informational inquiries now and for the rest of my tenure with the Company.

I release the Company and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any of the above referenced sources.

I further realize that employment may be offered to me and later withdrawn due to discovery of information, events, or conditions as a result of this investigation.

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Full Name (Print)

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Maiden Name or Aliases (print)

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Present Street Address

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City	State	Zip	How long at address?
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Previous Street Address

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City	State	Zip	How long at address?
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_____/_____/_____ Date of Birth	_____-_____-_____ Social Security Number	_____ Driver's License/State ID #	_____ State	CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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*I verify all information contained herein to be true and complete to the best of my knowledge. I understand that my information is to be used solely to determine eligibility for employment and will not be shared with outside individuals or organizations. PLH Group, Inc. is an Equal Opportunity Employer.*

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Signature

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Date

## **DRUG TESTING CONSENT**

I have applied for employment with PLH Group. In the interests of safety, PLH Group (PLH) is a drug-free workplace. As a condition for having my application considered, I agree to undergo a drug test. I understand that if my drug test results are positive, I will not be considered for employment with PLH. Where required by applicable law, I may have my drug test results confirmed and reviewed by a medical review officer. I understand that if I choose to have my drug test reviewed, it may be at my expense and not the company's.

I realize that as a condition of employment, I may be subjected to further drug testing during my employment with PLH Group. Such testing will only be conducted in a manner allowed by applicable law.

I hereby authorize any physician, laboratory, hospital or medical professional retained by PLH and/or a certified PLH employee for screening purposes to conduct such screening and to provide the results to PLH. I also release PLH and any person affiliated with PLH and any such institution or person conducting the screening, from liability.

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

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

Date: \_\_\_\_\_



## APPLICANT'S STATEMENT

In connection with my application to PLH Group, Inc. or any of its subsidiaries (hereafter referred to as "the Company"), I acknowledge that I have been provided with a notice of my rights under the Fair Credit Reporting Act, and I have signed an authorization form allowing the company to make FCRA-related inquiries. I understand that additional investigative background inquiries, if required by the United States Department of Transportation, may also be made.

I certify that I have completed this application of my own free will. I further certify that all entries on this application, and the information I have furnished on it, are true and complete. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also that I am required to abide by all of the Company's rules and regulations if a conditional offer of employment is made. I AGREE THAT THIS DOES NOT CHANGE THE AT-WILL NATURE OF MY EMPLOYMENT.

By applying for employment with our Company, I affirm that I am legally entitled to do so, and have no contractual constraints which prevent me from accepting an offer of employment or performing the essential functions of the position for which I am applying.

## JURY TRIAL WAIVER

As a condition of application with and/or employment by the Company, I voluntarily and knowingly waive any rights I may have to a jury trial in any court action relating to or concerning the Company and its employees. I understand the Company has likewise agreed to waive its right to a jury trial regarding any issues arising from its employment of me. Such disputes will be decided by a judge without a jury, also known as a bench trial. This waiver does not forego any substantive rights the Company or I may have. This voluntary and knowing jury trial waiver includes, but is not limited to, any disputes, claims, or controversies relating to or concerning my application for employment with, and/or employment with, the Company, including claims against Company supervisors.

I understand that I will not be employed by the Company unless I sign this Agreement. This agreement shall be binding upon and inure to the benefit of Company successors or assignees, as well as my heirs, executors, and administrators. This agreement and the rights and responsibilities discussed herein survive the termination of the employment relationship/application process. I acknowledge that if I am hired, this agreement does not alter the "at-will" status of my employment with the Company. No other inference is to be drawn from this Agreement.

I further understand that my agreement to a bench trial, in lieu of a jury trial, cannot be amended or altered in any way, except in a writing signed by the President of the Company or the President's authorized representative. For example, if the Company President and I have signed an arbitration agreement, then such agreement is enforceable in lieu of this mutual bench trial agreement.

In the event that either side must incur attorneys' fees or court costs to enforce this Mutual Agreement to Bench Trial ("Agreement"), the prevailing party may recover reasonable attorneys' fees and costs.

**THUS, BY MY SIGNATURE BELOW, I VOLUNTARILY AND KNOWINGLY WAIVE ANY RIGHTS I MAY HAVE TO A JURY TRIAL IN ANY COURT ACTION BROUGHT BY ME FOR ALL DISPUTES, CLAIMS, OR CONTROVERSIES RELATING TO OR CONCERNING THE COMPANY AND ITS EMPLOYEES. MY VOLUNTARY AND KNOWING JURY WAIVER INCLUDES, BUT IS NOT LIMITED TO, ANY DISPUTES, CLAIMS, OR CONTROVERSIES RELATING TO OR CONCERNING MY APPLICATION FOR EMPLOYMENT WITH, AND/OR EMPLOYMENT BY, THE COMPANY.**

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

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

Date: \_\_\_\_\_

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 are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-800-XXX-XXXX.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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

TYPE OF BUSINESS:	CONTACT:
<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, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8<sup>th</sup> Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, 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>