



**Human Resources Department**  
81 Sip Avenue – Mezzanine Level  
Jersey City, NJ 07306  
201-360-4070  
Fax 201-714-2509

## Personnel Data Form

### Employee Information

*This form is for the use of Human Resources personnel ONLY.*

**(PLEASE PRINT)**

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male /  Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

### Emergency Contact Information

*Directions:* Please fill the following so that our office will have accessible information that will enable us to contact your emergency contact should it become necessary for us to do so.

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

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

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



# ACADEMIC/ADMINISTRATIVE EMPLOYMENT APPLICATION

## Human Resources Department

81 Sip Avenue, Mezzanine Level • Jersey City, NJ 07306 • Phone (201) 360-4070 • Facsimile (201) 714-2509

**You are required to complete an application form in order to be considered for employment.**

*Please complete application in full and answer all questions completely. Type or print legibly. Indicate "N/A" if a question is not applicable to you or your situation. A resume may be attached to provide additional supporting information. In order to guarantee that your application is considered, you must complete, sign, and return this form to the Human Resources Department on or before the posted review date of the position for which you are applying. Incomplete applications may not be given consideration.*

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Telephone where you may be contacted: Home ( ) \_\_\_\_\_ Work or Alternate ( ) \_\_\_\_\_

Indicate any other name(s) under which your employment or academic records have been filed: \_\_\_\_\_

### EMPLOYMENT SUMMARY

- 1. Education** (check all that apply) Major as stated on transcript
- High School Diploma/GED \_\_\_\_\_
- Earned Degrees \_\_\_\_\_
- Associate \_\_\_\_\_
- Baccalaureate \_\_\_\_\_
- Master's \_\_\_\_\_
- Specialist \_\_\_\_\_  
(or 30 graduate hours after Master's)
- Doctorate \_\_\_\_\_
- Other professional degree \_\_\_\_\_

- 3. Administrative Experience** (check all that apply)
- Community college  Full-time  Part-time
- 4-year college or university  Full-time  Part-time
- High school or elementary  Full-time  Part-time
- Other setting \_\_\_\_\_  Full-time  Part-time

- 2. Teaching Experience** (check all that apply)
- Community college  Full-time  Part-time
- 4-year college or university  Full-time  Part-time
- High school or elementary  Full-time  Part-time
- Other setting  Full-time  Part-time

- 4. Have you ever held another position that is directly related to the position being sought?**
- Yes  No
- If yes, please specify: \_\_\_\_\_
- \_\_\_\_\_

### For Human Resources Use Only:

- Exempt  Non-Exempt

*An Equal Opportunity /Affirmative Action Employer*

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**GENERAL INFORMATION**

Type of employment preferred:    Full-time\*    Part-time    Temporary    On-call

\* Do you also wish to be considered for a part-time position?    Yes    No

*If interested in part-time, check all days/times available:*

- |   |  |                               |                                 |
|---|--|-------------------------------|---------------------------------|
| <input type="checkbox"/> Mon., Wed., Fri. | <input type="checkbox"/> Tues., Thurs. | <input type="checkbox"/> Sat. | Evenings                        |
| <input type="checkbox"/> a.m.             | <input type="checkbox"/> a.m.          | <input type="checkbox"/> a.m. | <input type="checkbox"/> Mon.   |
| <input type="checkbox"/> p.m.             | <input type="checkbox"/> p.m.          | <input type="checkbox"/> p.m. | <input type="checkbox"/> Tues.  |
|   |  |                               | <input type="checkbox"/> Wed.   |
|   |  |                               | <input type="checkbox"/> Thurs. |
|   |  |                               | <input type="checkbox"/> Fri.   |

Have you previously been employed by Hudson County Community College?

Yes    No

*If yes, when?* \_\_\_\_\_ *Position Name:* \_\_\_\_\_

Are you related to anyone now employed by Hudson County Community College?

Yes    No

*If yes, provide name(s) and relationship(s):* \_\_\_\_\_

Are you a veteran of the U.S. Military?    Yes    No

Are you legally authorized to work in the United States?\*    Yes    No

*\* As required by federal law, Hudson County Community College will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification" (Form I-9) and produce requested documentation after employment. A list of documents acceptable for proof under the Immigration Reform and Control Act of 1986 is available upon your request.*

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**LICENSES AND CERTIFICATIONS**

Please list any professional licenses or certifications you possess; include the certification/registration numbers and expiration dates.

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**ORGANIZATION MEMBERSHIP INFORMATION**

Please list any professional or civic organization(s) with which you are affiliated. You may exclude those that may disclose your race, color, religion, or national origin.

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**PROFESSIONAL ACHIEVEMENT SUMMARY**

Please indicate any awards, publications, related course work, special training, and/or computer and/or equipment knowledge that you possess and would like considered as part of your application.

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**EMPLOYMENT HISTORY**

Provide complete information for all current and past employment. Begin with present or most recent employment. Attach additional employment history if necessary. Be sure to include all relevant teaching assignments as well as non-academic positions. (Supplemental sheets are available upon request.)

Position _____	(Dates - From/To) _____	Immediate Supervisor _____	Current/Final Salary _____
----------------	-------------------------	----------------------------	----------------------------

Employer/Company Name: \_\_\_\_\_

Address and Phone: \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Phone Ext.

Full-time  Part-time Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position _____	(Dates - From/To) _____	Immediate Supervisor _____	Current/Final Salary _____
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Employer/Company Name: \_\_\_\_\_

Address and Phone: \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Phone Ext.

Full-time  Part-time Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position _____	(Dates - From/To) _____	Immediate Supervisor _____	Current/Final Salary _____
----------------	-------------------------	----------------------------	----------------------------

Employer/Company Name: \_\_\_\_\_

Address and Phone: \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Phone Ext.

Full-time  Part-time Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position _____	(Dates - From/To) _____	Immediate Supervisor _____	Current/Final Salary _____
----------------	-------------------------	----------------------------	----------------------------

Employer/Company Name: \_\_\_\_\_

Address and Phone: \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Phone Ext.

Full-time  Part-time Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Please use this space to describe any facts or details concerning your experience that explain more fully your qualifications for the position for which you are applying. Attach additional page(s) if necessary. (Supplemental sheets available upon request.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

1. Current supervisor:

_____	_____	_____	_____	_____
Name		Organization	( )	
_____	_____	_____	_____	_____
Title	Department		Phone	Ext.

2. Other references (do not include relatives or immediate supervisors listed in employment section):

_____	_____	_____	_____	_____
Name		Organization	( )	
_____	_____	_____	_____	_____
Title	Department		Phone	Ext.

_____	_____	_____	_____	_____
Name		Organization	( )	
_____	_____	_____	_____	_____
Title	Department		Phone	Ext.

_____	_____	_____	_____	_____
Name		Organization	( )	
_____	_____	_____	_____	_____
Title	Department		Phone	Ext.

<p><b>REFERENCE VERIFICATION SECTION: (For College personnel use only)</b></p> <p>_____</p> <p style="text-align: center;"><i>Signature</i></p> <p>_____</p> <p style="text-align: center;"><i>Date</i></p>
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HCCC is an Equal Opportunity/Affirmative Action Employer. It is the policy of the College to employ personnel strictly on the basis of job-related qualifications. Personnel policies are applied without regard to race, color, age, gender, sexual orientation, religion, national origin, disability, handicap, marital status, or veteran's status. Questions concerning this policy should be directed to the College's Affirmative Action Officer.

**APPLICANT CERTIFICATION AND RELEASE AUTHORIZATION**

*I hereby certify that, to the best of my knowledge, the answers to the foregoing questions and statements are true and correct. If anything in the application is found to be untrue, I understand that I will be subject to immediate dismissal at any time during my employment. I understand that final appointment is contingent upon successful completion of a background investigation.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **New Hire Data Form**

(This form is voluntary and confidential)

### Voluntary Self-Identification Form

Hudson County Community College is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, ancestry, national origin, sexual orientation, disability, or status as disabled, other eligible or a Vietnam era veteran.

As an equal opportunity employer, Hudson County Community College complies with all relevant government regulations and affirmative action responsibilities. Solely to help us with record keeping, reporting, and other legal requirements, we offer you the opportunity to complete this self-identification form. Submission of this information is completely voluntary. Whether you provide this information or not, you will not be subject to adverse treatment.

#### **SECTION I. TO BE COMPLETED BY THE APPLICANT**

(Please print or write clearly using a pen. See additional information and instructions on reverse side.)

##### **A. GENDER:**

Male  Female

##### **B. ETHNICITY:**

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Not Hispanic or Latino

**C. RACE:**

- American Indian or Alaska Native (a person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliation or community attachment)
- Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam)
- Black or African American (a person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands)
- White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

**D. DISABILITY:**

Do you have a disability?

- YES  NO

(Disability means any person who 1) has a physical or mental impairment which substantially limits one or more major life activities; 2) has a record of such impairment; or 3) is regarded as having such an impairment.)

**E. VETERAN STATUS:**

Please check all that apply (see below for definitions)

- Disabled veteran
- Other protected veteran (veteran who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded)
- Armed Forces service medal veteran (veteran who, while serving on active duty in the Armed Forces, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985)
- Recently separated veteran (veteran within 36 months from discharge or release from active duty)
- I do not wish to self-identify
- I am not a veteran

**Veteran Status Definitions**

**Disabled veteran** (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

**Other protected veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which campaign badge has been authorized.

**Armed forces service medal veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p.159).

**Recently separated veteran** means a veteran during the three-year period beginning on the date of the such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

X

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Employee Signature

X

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Date





**DISCLOSURE AND AUTHORIZATION**  
[IMPORTANT -- PLEASE READ CAREFULLY  
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION  
**ORDER NUMBER:**

**FAX: 910.343.9731**

Company Name:

CAC:

(“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<u>New York and Maine applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
<u>New York applicants or employees only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Oregon applicants or employees only:</u> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.
<u>Washington State applicants or employees only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. 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 **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, 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.

<u>New York applicants or employees only:</u> By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\*# \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

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

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: Anshuma Jain _____ Email: ajain@hccc.edu _____			
Phone: 201-360-4074 _____ Fax: 201-714-2509 _____			
<input type="checkbox"/> Full-Time Package County-Criminal Social Security Alert Residency History Verification-Education	<input type="checkbox"/> Part-Time Package County-Criminal Social Security Alert Residency History	<input type="checkbox"/>	<input type="checkbox"/>

**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

( " t h e  
Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The source of any credit report will be **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailing shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identify

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

## Notice Regarding Credit Checks:

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the Company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash; OR
- The Company will not obtain a consumer credit report on you.
- The Company is subject to 15 U.S.C. Sec. 6801-6809, the Gramm-Leach-Bliley Act and Section 1024.5 of the California Labor Code does not apply.

## NOTICE REGARDING CREDIT CHECKS PER VERMONT LAW

Pursuant to Vermont Act No. 154 (S. 95), the Company informs you that it may obtain a credit report about you, for the following reason(s):

- The information is required by state or federal law or regulation;
- You seek to be/are employed in a position that involves access to "confidential financial information" (defined as "sensitive financial information of commercial value that a customer or client of the employer gives explicit authorization for the employer to obtain, process, and store and that the employer entrusts only to managers or employees as a necessary function of their job duties");
- The Company is a financial institution as defined in 8 V.S.A. §11101(32) or a credit union as defined in 8 V.S.A. §30101(5);
- You seek to be/are employed in a position as a law enforcement officer, emergency medical personnel or firefighter as these terms are respectively defines in 20 V.S.A. §2358, 24 V.S.A. §2651(6) and 20 V.S.A. §3151(3)
- You seek to be/are employed in a position that requires a financial fiduciary responsibility to the Company or a Company's clients, including the authority to issue payments, collect debts, transfer money or enter into contracts;
- You seek to be/are employed in a position that involves access to the Company's payroll information;
- The Company can demonstrate that credit information is a valid and reliable predictor of employee performance in the your specific position of employment;
- The Company will not obtain a consumer credit report on you.

*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 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, 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 1-888-567-8688.
- **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).

**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:**

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:
  
2. To the extent not included in item 1 above:
  - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
  - 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
  - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
  - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act, 1921
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

- a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552
  - b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357
  
  - a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050
  - b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480
  - c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106
  - d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314  
Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423  
  
Nearest Packers and Stockyards Administration area supervisor
- Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416  
Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549  
Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090  
FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

## VERIFICATIONS FORM

CAC:

**APPLICANT:** PLEASE READ CAREFULLY. It is VERY important to provide accurate information below to avoid any delays in the verification process. List all employment within the past 7 years. Attach additional pages if necessary. Please note, all employers will be contacted for verification purposes.

### Employment Verification

Please check here if you have not been employed within the past 7 years.

#### Most Recent Employer

2

3

Dates of Employment (Month/Year) From: _____ to: _____	Dates of Employment (Month/Year) From: _____ to: _____	Dates of Employment (Month/Year) From: _____ to: _____
1) Full Company Name - Do not abbreviate  May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Full Company Name - Do not abbreviate  May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	3) Full Company Name - Do not abbreviate  May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
City: _____ State: _____	City: _____ State: _____	City: _____ State: _____
Position:	Position:	Position:
Phone:	Phone:	Phone:
Business Email: (personal email not accepted)	Business Email: (personal email not accepted)	Business Email: (personal email not accepted)
Alternate Contact (Supervisor or Manager) Name:	Alternate Contact (Supervisor or Manager) Name:	Alternate Contact (Supervisor or Manager) Name:
Phone:	Phone:	Phone:

### Education Verification

Full Name of Institution: (Highest level of education completed only):
City: _____ State: _____
Graduation Date (MM/YYYY):
Please check type: _____ Degree _____ Diploma _____ Certificate _____ GED
What was your last name you attended this institution?

**RELEASE:** I hereby authorize all individuals, educational institutions and organizations named or referred to in my application as well as any law enforcement organization to release all information relative to a verification of employment. Furthermore, I hereby release such individuals, organizations and Castle Branch, Inc. from any and all liability for any claim or damage resulting therefrom. I, my heirs, assigns and legal representatives, hereby release and fully discharge Castle Branch, Inc., and affiliated companies of Castle Branch, Inc. and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigate report, including any errors or omissions contained or omitted from such reports or investigations.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_