



For Management Use Only	
<b>Employee Information</b>	<b>Documents Received</b>
Employee No.:	Resume
Company No.:	Reference Checks
Location:	Interview Record
Date Employed:	Payroll/Status Change Notice
	Employee Record Card

**Applicant to Complete All Information Requested**  
Please Print Legibly

We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex (including breast feeding and related medical conditions), gender identity and expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws.

Prospective Employee Information			
Name:			Date:
Current Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Do you have the legal right to work in the United States? (Proof required)		Yes	No
Are you over the age of 18? (Proof may be required)		Yes	No

Company Experience			
Have you worked for this company before?		Yes	No
If Yes, when were you employed? (Dates)		From:	To:
Rate of Pay:		Position:	
Reason for Leaving:			

General Information			
Are you currently employed?		Yes	No
If not, when was your last day of employment?		Date:	
Position Applying For:		Rate of Pay Expected:	
Full Time:	Part-Time:	Temporary:	Seasonal:
How did you hear about us?			
Have you ever been convicted of a felony?	Yes	No	If Yes, When?

# Application for Employment



Name & Address of School		Graduate		Major	Degree
High School		Yes	No		
College/University		Yes	No		
Graduate School		Yes	No		

Employment History			
Company:		Address:	
Start Date:		End Date:	
Supervisor:		Phone Number:	
Position:		Final Salary:	
Reason for Leaving:			
May we contact this employer?	Yes	No	

Company:		Address:	
Start Date:		End Date:	
Supervisor:		Phone Number:	
Position:		Final Salary:	
Reason for Leaving:			
May we contact this employer?	Yes	No	

**Applicant's Certification and Arbitration Agreement**  
(Please read before signing)

I certify that the information contained in this employment application and any other information that I submit is true and correct. I understand that Penn Corporate Relocation Services will rely on this information in evaluating my application.

Unless I specifically said "no," I agree that Penn Corporate Relocation Services may contact my present and past employers to check this information and any matter related to my employment. I also authorize any person or company to give Penn Corporate Relocation Services any information that it requests about me. I waive and release all persons and companies from any liability or damages that may result from the use, disclosure, or release of this information, whether it is favorable or unfavorable to me.

I understand that if Penn Corporate Relocation Services hires me, I will be an at-will employee with no agreement about the length of my employment. Either Penn Corporate Relocation Services or I may end the employment relationship at will, at any time, with or without cause, and with or without notice.

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

1. I acknowledge that my employment, position and compensation at RonDeux Relocation Services, Inc. dba Penn Corporate Relocation Services (“Company”) are at-will, shall be for no specific duration, and may be changed or terminated at the will of the Company. Both I and the Company have the right to terminate my employment at any time, with or without cause or prior notice. By signing below, I certify that I understand that employment at-will is the sole and entire agreement between myself and the Company concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations (whether written or oral) concerning the duration of my employment with the Company and/or the circumstances under which my employment may be terminated. My employment-at-will status may only be changed in a written document signed by, President of the Company.
  
2. I and the Company agree to utilize binding individual arbitration as the sole and exclusive means to resolve all disputes that may arise out of or be related in any way to my employment, including but not limited to the termination of my employment and my compensation. I and the Company each specifically waive and relinquish our respective rights to bring a claim against the other in a court of law. Both I and the Company agree that any claim, dispute, and/or controversy that I may have against the Company (or its owners, directors, officers, managers, employees, or agents), or the Company may have against me, shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act (“FAA”), in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act’s other mandatory and permissive rights to discovery). The FAA applies to this Agreement because the Company’s business involves interstate commerce. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination, harassment and/or retaliation, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise. The only exception to the requirement of binding arbitration shall be for claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers’ Compensation Act, Employment Development Department claims, or other claims that are not subject to arbitration under current law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). By this binding arbitration provision, I acknowledge and agree that both the Company and I give up our respective rights to trial by jury of any claim I or the Company may have against the other.
  
3. All claims brought under this binding arbitration Agreement shall be brought in the individual capacity of myself or the Company. This binding arbitration Agreement shall not be construed to allow or permit the consolidation or joinder of other claims or controversies involving any other employees or parties, or permit such claims or controversies to proceed as a class action, collective action or any similar representative action. No arbitrator shall have the authority under this agreement to order any such class, collective or representative action. By signing this agreement, I am agreeing to waive any substantive or procedural rights that I may have to bring an action on a class, collective, representative, or other similar basis.



4. In addition to any other requirements imposed by law, the arbitrator selected to hear claims under this Agreement shall be a retired California Superior Court Judge, or an otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. Resolution of all disputes shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law.
5. This is the entire agreement between myself and the Firm regarding dispute resolution, the length of my employment, and the reasons for termination of my employment, and this agreement supersedes any and all prior agreements regarding these issues. Oral representations or agreements made before or after my employment do not alter this Agreement.
6. If any term, provision or portion of this Agreement is determined to be void or unenforceable it shall be severed and the remainder of this Agreement shall be fully enforceable.

**My signature below attests to the fact that I have read, understand and agree to be legally bound to all of the above terms, I further understand that this agreement requires me to arbitrate any and all disputes that arise out of my employment.**

**Do not sign until you have read the above Acknowledgement and Agreement.**

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



**For Driver Applicants Only**

As part of the position that you are applying for with **Penn Corporate Relocation Services**. You will be at least occasionally driving a motor vehicle during working hours and for Company business. This is to inform you that as part of our procedure for the processing of your employment application, or a hiring company will request your state or national driving record from the Department of Motor Vehicles. This is also to inform you that in order for you to be covered under our insurance policy during the time that you are driving a motor vehicle on Company business, we must provide a copy of this report to our insurance agent and the insurance carrier.

By signing the document below, you authorize the release of your driving record to our insurance broker and carrier(s), or a reporting agency employed by either and you are releasing any and all persons, companies or others from any liability whatsoever for this purpose. You have the right to receive a copy of your driving record. Please mark the appropriate box.

I would like to receive a copy of my driving record. Yes                  No

First Name (Please Print)	Middle Name	Last Name
All Other Names Used (Aliases, AKA's, Maiden)		
Current Address		
Previous Address		
Drivers License Number	State Issued From	
Print Full Name As It Appears on Driver's License		
Date of Birth	Social Security Number	

I fully understand that by completing this form, I am authorizing reporting agencies and/or insurance agents, brokers or carriers to obtain my driving record from the Department of Motor Vehicles. I also understand and agree that you may provide a copy of the report to our management personnel, insurance agent, broker or insurance carrier, as well as other information outlined above.

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

# Release of Information Form



## Release of Information – 49 CFR Part 40 Drug and Alcohol Testing

**Section I. To be completed by the new employer, signed by the employee and transmitted to the previous employer:**

Employee Printed or Typed Name:	
Employee SS or ID Number:	
<p>I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in <i>Section I-A</i>. This release is in accordance with DOT regulation 49 CFR, Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer is limited to the following DOT-regulated testing items:</p> <ol style="list-style-type: none"> <li>1. Alcohol tests with a result of 0.04 or higher;</li> <li>2. Verified positive drug tests;</li> <li>3. Refusals to be tested;</li> <li>4. Other violations of DOT agency drug and alcohol testing regulations;</li> <li>5. Information obtained from previous employers of a drug and alcohol rule violation;</li> <li>6. Documentation, if any, or completion of the return-to-duty process following a rule violation.</li> </ol>	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A. New Employer Name:** Penn Corporate Relocation Services  
 1515 W Mable Street  
 Anaheim, CA 92802  
 Phone: (714) 808-9300, Fax: (714) 808-9222  
 Designated Employer Representative: Ronald A. Ott

**I-B.**

Previous Employer Name:	
Address:	
Phone Number:	
Designated Employer Representative (if known):	

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

<b>II-A.</b> In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing				
1. Did the employee have alcohol tests with a result of 0.04 or higher?	Yes		No	
2. Did the employee have verified positive drug tests?	Yes		No	
3. Did the employee refuse to be tested?	Yes		No	
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	Yes		No	
5. Did a previous employer report a drug and alcohol rule violation to you?	Yes		No	
6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process?	N/A		Yes	No
<i>Note: If you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).</i>				

**II-B.**

Name of person providing information in Section II-A:		Date:	
Title:		Phone Number:	



## Dear Prospective Employee

### Please Read

In 2009 the Government initiated the American Recovery and Reinvestment Act better known as the Stimulus Package. You are being asked for the following information to determine if you're potential employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are interviewing with may be able to obtain certain valuable tax credits based upon your answers to the questions on the two attached documents. Please take your time and answer all of the questions carefully, completely and accurately. This information is requested voluntarily, you are not required to complete this questionnaire; however the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may be currently receiving. Your assistance is appreciated.

Sincerely,

Ronald A. Ott  
Vice President/CFO  
Penn Corporate Relocation Services

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2  Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6  Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

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### Signature—All Applicants Must Sign

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Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 1-2013)



# Paycom

## Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client.

Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

Signature Required (Sign and Date inside the box)

Print Name:	First _____	Last _____	Social Security Number (last 4 digits only) XXX -- XX --
Street Address _____			Phone Number _____
City _____	State _____	Zip Code _____	

1. If you are under age 40, enter date of birth (month, day, year) \_\_\_\_\_

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2. Have you ever worked for this employer before? Yes \_\_\_ No \_\_\_  
**If Yes**, enter last date of employment \_\_\_\_\_

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3. Have you been unemployed or have not worked for anyone for more than 40 hours during the past 60-day period? Yes \_\_\_ No \_\_\_

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4. Are you a Veteran of the U.S. Armed Forces? Yes \_\_\_ No \_\_\_  
**If NO**, go to Question 5  
**If YES**, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired? Yes \_\_\_ No \_\_\_  
**If YES**, enter name of *primary recipient* \_\_\_\_\_ and *city and state* where benefits were received \_\_\_\_\_.  
**OR**, are you a veteran entitled to compensation for a service-connected disability? Yes \_\_\_ No \_\_\_  
**If Yes**, were you discharged or released from active duty within the year before you were hired? Yes \_\_\_ No \_\_\_  
**OR**, were you unemployed for a combined period of at least 6 months during the year before you were hired? Yes \_\_\_ No \_\_\_

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5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired? Yes \_\_\_ No \_\_\_  
**OR**, received SNAP benefits for at least a 3-month period within the last 5 months **But** you are no longer receiving them? Yes \_\_\_ No \_\_\_  
**If YES to either question**, enter name of *primary recipient* \_\_\_\_\_ and *city and state* where benefits were received \_\_\_\_\_.

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6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes \_\_\_ No \_\_\_  
**OR**, by an Employment Network under the Ticket to Work Program? Yes \_\_\_ No \_\_\_  
**OR**, by the Department of Veterans Affairs? Yes \_\_\_ No \_\_\_

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7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes \_\_\_ No \_\_\_  
**OR**, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes \_\_\_ No \_\_\_  
**OR**, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes \_\_\_ No \_\_\_  
**If NO**, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes \_\_\_ No \_\_\_  
**If YES to any question**, enter name of *primary recipient* \_\_\_\_\_ and the *city and state* where benefits were received \_\_\_\_\_.

8. In the past 12 months, have you had a felony conviction, felony probation, work release, or prison release? Yes \_\_\_ No \_\_\_  
**If YES**, enter *date of conviction* \_\_\_\_\_ and *date of release* \_\_\_\_\_.  
 Was it a Federal \_\_\_\_\_ or a State \_\_\_\_\_ conviction? (Check one)

9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes \_\_\_ No \_\_\_

10. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes \_\_\_ No \_\_\_  
**OR**, were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes \_\_\_ No \_\_\_  
**If YES**, were you discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date? Yes \_\_\_ No \_\_\_  
**If YES**, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes \_\_\_ No \_\_\_

11. Are you at least 16 but under age 25? Yes \_\_\_ No \_\_\_  
**If YES**, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes \_\_\_ No \_\_\_  
**If YES**, were you not regularly employed during that 6-month period? Yes \_\_\_ No \_\_\_  
**If YES**, were you not employable because you lacked basic skills? Yes \_\_\_ No \_\_\_

12. If you lived in the area impacted by Hurricane Katrina on August 28, 2005, please enter the address, including county or parish and state where you lived at that time.

\_\_\_\_\_  
 Street Address

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

\_\_\_\_\_  
 County or Parish

**Employer use only**

Please send both pages of this Questionnaire, both pages of the 8850 (all with original signatures), supporting documentation to:  
 Paycom, ATTN: Tax Credit Dept.  
 4005 NW Expressway, Suite 500  
 Oklahoma City, OK 73116

*This documentation is time sensitive and must be received by Paycom no later than 21 days from the new employee's start date to allow Paycom to time to review and submit the new employee's package to the State Workforce Agency. Request for certification does not guarantee approval.*

Starting Wage \$ \_\_\_\_\_  
 Position Title \_\_\_\_\_  
 Hire Date \_\_\_\_\_  
 Start Date \_\_\_\_\_

## Disclosure

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We (Penn Corporate Relocation Services) will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment and termination. The reports will include information about your character, general reputation, personal characteristics and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is General Information Services, Inc. located at PO Box 353, Chapin, South Carolina 29036. GIS's phone number is (866) 265-4917 and their website is located at <http://www.geninfo.com>.

To prepare the reports, GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history and any other information with public or private information sources.

You may inspect GIS's files about you (in person, by mail or by phone) by providing identification to GIS. If you do GIS will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

The Federal Trade Commission provides a summary statement of your rights on its website at <http://www.ftc.gov/credit>.

Please sign below to acknowledge your receipt of this disclosure.

Prospective Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prospective Employee Signature: \_\_\_\_\_

# Authorization



By signing below, you authorize: (a) General Information Services, Inc. (GIS) to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide us (Penn Corporate Relocation Services) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history and any other information with public or private information sources. You acknowledge receiving the Federal Trade Commission’s “Summary of Your Rights Under the Fair Credit Reporting Act.” You acknowledge that a fax, image or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

Personal Information					
<i>Please print the information requested below to identify yourself for GIS</i>					
Printed Name					
First	Middle	Last	Maiden		
Other Names Used					
Current and Former Addresses					
From Mo/Yr	To Mo/Yr	Street	City	State	Zip
	Current				
<i>Some government agencies and other information sources require the following information when checking for records. GIS will not use it for any other purposes.</i>					
Date of Birth			Social Security Number		
Drivers License Number & State			Name as it Appears on License		
Report Copy					
<i>If you are applying for a job or live in California, Minnesota or Oklahoma, you may request a copy of the report by checking this box:</i> <input type="checkbox"/>					

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

# Evaluation Form for Prospective Employees



1. As part of your normal duties are you able to lift 70-100 pounds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you able to properly lift and stack dollies, carts and other equipment as part of the relocation Process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. With the assistance of another employee, are you able to unload, carry and set-up a walk-board or ramp from a trailer/truck?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you able to push dolly loads of furniture/cartons or push loaded library or gondola carts up ramps and into trucks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. If required, are you able to disassemble or assemble furniture, equipment and/or modular furniture as part of a relocation? Are you able to use tools such as a hammer, screwdriver or various hand/power tools?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. As many of our relocations will go to various floors of a building, are you capable of lifting and carrying cartons, furniture and equipment up or down stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. If you are a Class A/B/C driver, are you able to drive a truck or a tractor/trailer (for Class A) for at least four continuous hours in traffic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. If you are a Class A driver, are you able to connect cables and hoses from tractors to trailers and use a hand crank when disconnecting or connecting a trailer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. As a driver, are you able to properly load and safely strap off all furniture and equipment inside trailers or trucks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Prospective Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prospective Employee Signature: \_\_\_\_\_

### 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 that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

#### **You must be told if information in your file has been used against you.**

Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

#### **You can find out what is in your file.**

At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

#### **You have a right to know your credit score.**

Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

#### **You can dispute inaccurate information with the consumer reporting agency.**

If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

#### **Inaccurate information must be corrected or deleted.**

A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

#### **Outdated negative information may not be reported.**

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 as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

## A Summary of your Rights



### Your consent is required for reports that are provided to employers.

A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

### You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.

These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future.

### You may seek damages from violators.

If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

### Identity theft victims and active duty military personnel have additional rights.

Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

The FCRA gives several federal agencies authority to enforce the FCRA:

To Complain and for Information	Please Contact:	
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580	877-382-4367
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219	800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551	202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552	800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314	703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429	800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590	202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250	202-720-7051