

## INSTRUCTIONS:

Please type or print legibly in **BLUE** or **BLACK** ink. Answer all questions, checking all boxes that apply. Answer with "NO" or "NOT APPLICABLE" (N/A) on questions that do not apply. Additional forms are available for each section if needed. Illegible information or omission may result in an application being rejected. False, erroneous, or misleading answers or statements may be cause for rejection of application or discharge from CATS. Resumes cannot be substituted in place of this application.

Capital Area Transit System (CATS) is an Equal Employment Opportunity employer. CATS does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

# Employment Application

# CATS

CAPITAL AREA TRANSIT SYSTEM

*Connecting you to what matters.*

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JOB APPLYING FOR

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DATE



# APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**NOTE TO APPLICANT: Please advise us in advance if you require an accommodation to complete this application.**

Capital Area Transit System (CATS) is an Equal Employment Opportunity employer. CATS does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

As a matter of policy and for the safety of the communities we serve, CATS consistently applies drug screen and background checking standards to all applicants. It is essential that **ALL** information requested, including educational background, work, criminal and residential history, be complete and accurate.

**Instructions:** Please type or print in **BLUE** or **BLACK** ink. Answer all questions, checking all boxes that apply. Answer with "NO" or "NOT APPLICABLE" (N/A) on questions that do not apply. Additional forms are available for each section if needed. Illegible information or omission may result in an application being rejected. False, erroneous, or misleading answers or statements may be cause for rejection of application or discharge from CATS. Resumes cannot be substituted in place of this application.

| <b>Position Applied for:</b> |            | Separate applications are required for each position for which application is filed |
|------------------------------|------------|---|
| GENERAL INFORMATION          |            |   |
| Last Name                    | First Name | Middle Name   |
| Address                      |            |   |
| City                         | State      | Zip Code  |
| Home Phone                   | Cell Phone | Email   |

| EDUCATION/SKILLS/QUALIFICATIONS                                   |  |                                |   |                                 |
|---|--|--------------------------------|---|---------------------------------|
|   | Name and Location of School or College | Circle Highest Grade Completed | Did You Graduate?                                     | What Was Your Degree And Major? |
| High School and/or G.E.D.   |  | 9 10 11 12                     | <input type="radio"/> YES<br><input type="radio"/> NO |                                 |
| College   |  | 1 2 3 4                        | <input type="radio"/> YES<br><input type="radio"/> NO | Degree<br>Major                 |
| Trade, Business, Correspondence, or Graduate School               |  | Degree/Certificate Earned:     | <input type="radio"/> YES<br><input type="radio"/> NO | Degree<br>Major                 |
| List any other training or educational programs of note:          |  |                                |   |                                 |
| List any academic honor or special recognition you have received: |  |                                |   |                                 |

|   |   |   |                                 |                                |                                |                                |
|---|---|---|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <b>Minimum Salary/Wage:</b>   | <input type="radio"/> Hourly            | <b>Are you applying for:</b>                  |                                 | <b>Are you able to work:</b>   |                                |                                |
|   | <input type="radio"/> Annually          | <input type="radio"/> Full Time               | <input type="radio"/> Part Time | <input type="radio"/> Days     | <input type="radio"/> Evenings | <input type="radio"/> Weekends |
| How were you referred to our company?   | <input type="radio"/> Online Ad         | <input type="radio"/> State Agency            |                                 | <input type="radio"/> Job Fair |                                | <input type="radio"/> Website  |
|   | <input type="radio"/> Employee Referral | Name:   |                                 |                                |                                |                                |
| If hired, can you present evidence of your legal right to work in the United States?  |   |   |                                 | <input type="radio"/> YES      | <input type="radio"/> NO       |                                |
| Have you been convicted of any felonies other than minor traffic violation during the past 7 years?<br><small>(A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonable related to your fitness to perform in the position in which you are applying.)</small> |   |   |                                 | <input type="radio"/> YES      | <input type="radio"/> NO       |                                |
| Are you related by blood, marriage, or adoption to a CATS Team Member?  |   | If yes, please state their name and relation: |                                 |                                |                                |                                |

**EMPLOYMENT INFORMATION – PLEASE PRINT LEGIBLY**

# APPLICATION FOR EMPLOYMENT

All employment for the past 10 years must be noted below, including jobs held while in school or while in the military. Records your present or most recent position first and go back in chronological order. Resumes may not be substituted for any information requested, but may be submitted as an addendum to the completed application. Complete all questions for each position.

|                                      |                          |   |                          |                                       |         |
|--------------------------------------|--------------------------|---|--------------------------|---------------------------------------|---------|
| <b>Employer Name:</b>                |                          | <b>Dates employed (mo/yr)</b>   |                          | <b>Salary / Pay Rate</b>              |         |
|                                      |                          | From:   | To:                      | Begin:                                | Ending: |
| <b>Employer Address:</b>             |                          |   | <b>Employer Phone #:</b> | <b>Supervisor's name &amp; title:</b> |         |
|                                      |                          |   |                          |                                       |         |
| <b>Position(s) held:</b>             |                          | <b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b> |                          |                                       |         |
|                                      |                          |   |                          |                                       |         |
| <b>May we contact this employer?</b> |                          | <b>Reason for leaving:</b>  |                          |                                       |         |
| <input type="radio"/> YES            | <input type="radio"/> NO |   |                          |                                       |         |
| <b>Employer Name:</b>                |                          | <b>Dates employed (mo/yr)</b>   |                          | <b>Salary / Pay Rate</b>              |         |
|                                      |                          | From:   | To:                      | Begin:                                | Ending: |
| <b>Employer Address:</b>             |                          |   | <b>Employer Phone #:</b> | <b>Supervisor's name &amp; title:</b> |         |
|                                      |                          |   |                          |                                       |         |
| <b>Position(s) held:</b>             |                          | <b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b> |                          |                                       |         |
|                                      |                          |   |                          |                                       |         |
| <b>May we contact this employer?</b> |                          | <b>Reason for leaving:</b>  |                          |                                       |         |
| <input type="radio"/> YES            | <input type="radio"/> NO |   |                          |                                       |         |
| <b>Employer Name:</b>                |                          | <b>Dates employed (mo/yr)</b>   |                          | <b>Salary / Pay Rate</b>              |         |
|                                      |                          | From:   | To:                      | Begin:                                | Ending: |
| <b>Employer Address:</b>             |                          |   | <b>Employer Phone #:</b> | <b>Supervisor's name &amp; title:</b> |         |
|                                      |                          |   |                          |                                       |         |
| <b>Position(s) held:</b>             |                          | <b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b> |                          |                                       |         |
|                                      |                          |   |                          |                                       |         |
| <b>May we contact this employer?</b> |                          | <b>Reason for leaving:</b>  |                          |                                       |         |
| <input type="radio"/> YES            | <input type="radio"/> NO |   |                          |                                       |         |
| <b>Employer Name:</b>                |                          | <b>Dates employed (mo/yr)</b>   |                          | <b>Salary / Pay Rate</b>              |         |
|                                      |                          | From:   | To:                      | Begin:                                | Ending: |
| <b>Employer Address:</b>             |                          |   | <b>Employer Phone #:</b> | <b>Supervisor's name &amp; title:</b> |         |
|                                      |                          |   |                          |                                       |         |
| <b>Position(s) held:</b>             |                          | <b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b> |                          |                                       |         |
|                                      |                          |   |                          |                                       |         |
| <b>May we contact this employer?</b> |                          | <b>Reason for leaving:</b>  |                          |                                       |         |
| <input type="radio"/> YES            | <input type="radio"/> NO |   |                          |                                       |         |

# APPLICATION FOR EMPLOYMENT

| IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER |     |         |
|---|-----|---------|
| Dates:  |     | Reason: |
| From:   | To: |         |
|   |     |         |
|   |     |         |
|   |     |         |
|   |     |         |
|   |     |         |
|   |     |         |

## APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment documents are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment.

**If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the CEO of Capital Area Transit System (the Company) or his or her designee.**

I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

|                         |  |       |  |
|-------------------------|--|-------|--|
| Applicant Name (PRINT): |  | Date: |  |
| Applicant Signature:    |  |       |  |

**Note: This Application for Employment will be considered active for 90 calendar days.**



# Voluntary Self-Identification Form for Applicants With New EEO-1 Race & Ethnicity Categories

**TO ALL APPLICANTS:**

Our company is an Equal Opportunity Employer and as such we are subject to certain governmental recordkeeping and reporting requirements. At this time, we are asking you to help us meet our obligations by completing the following information. This information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. Providing this information is voluntary and refusal to do so will not subject you to any adverse treatment. All information provided will be kept confidential. It will remain separate from your employment application and will not be used in any way during the interviewing or hiring process or to make a selection decision.

**PART I: General Information**

|                      |              |           |
|----------------------|--------------|-----------|
| First Name           | M.I.         | Last Name |
| Position Applied for | Today's Date |           |

**PART II: Gender, Ethnicity & Race Information**

For ethnicity & race, please check one box only from the list below.

| <b>Male</b>  | <b>Female</b>   |
|--|---|
| Hispanic or Latino   | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  |
| White (non-Hispanic or Latino)                                     | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   |
| Black or African American (non-Hispanic or Latino)                 | A person having origins in any of the black racial groups of Africa   |
| Native Hawaiian or Other Pacific Islander (non-Hispanic or Latino) | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.   |
| Asian (non-Hispanic or Latino)                                     | 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, and Vietnam. |
| American Indian or Alaskan Native (non-Hispanic or Latino)         | A person having origins in any of the original peoples of North and South America (including Central America), who maintain tribal affiliation or community attachment.   |
| Two or more races (non-Hispanic or Latino)                         | All persons who identify with more than one of the above five races.  |

I do not wish to provide the information requested above.

**PART III: Referral Source**

|                    |                          |           |                         |
|--------------------|--------------------------|-----------|-------------------------|
| Company Website    | Job Board                | Newspaper | Educational Institution |
| Temp Agency        | Search Firm              | Walk-In   | Employee Referral       |
| College Recruiting | Professional Association | Other:    |                         |





## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

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

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

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

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

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

Disabilities include, but are not limited to:

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

Please check one of the boxes below:

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

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

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

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

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



### **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our customers, employees and property, **Capital Area Transit System** (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address [www.adpselect.com](http://www.adpselect.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; if applicable, workers' compensation injuries. The Company may order a background report under your legal name and any other names you may have used. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 888.606.7868. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on [A Summary of Your Rights Under the Fair Credit Reporting Act](#) and [A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22](#) as provided here.

#### **STATE LAW NOTICES**

If you live or work for the Company in the states listed below, please note the following:

**CALIFORNIA:** You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of [Article 23A of the New York Correction Law](#) is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.



**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports, under my legal name, including any former names I may have used. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Please print your legal name:

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

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

If required, notarize here. When using an embossed seal,  
please shade with a pencil before faxing.

Subscribed and sworn before me:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires

**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

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

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

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

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

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

**ADDRESSES WITHIN THE PAST SEVEN YEARS (USE A SEPARATE SHEET AS NEEDED)**

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

City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

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

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

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

City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

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

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)





*Para informacion en espanol, 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 1-888-567-8688.
- **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 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<br/>1700 G Street, N.W.<br/>Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA<br/>Washington, DC 20580<br/>(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<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center<br/>P.O. Box 1200<br/>Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center<br/>1100 Walnut Street, Box # 11<br/>Kansas City, MO 64106</p> <p>d. National Credit Union Administration<br/>Office of Consumer Protection (OCP)<br/>Division of Consumer Compliance and Outreach (DCCO)<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>   | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/>Aviation Consumer Protection Division<br/>Department of Transportation<br/>1200 New Jersey Avenue, S.E.<br/>Washington, DC 20590</p>   |
| <p>4. Creditors Subject to the Surface Transportation Board</p>  | <p>Office of Proceedings, Surface Transportation Board<br/>Department of Transportation<br/>395 E Street, S.W.<br/>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<br/>United States Small Business Administration<br/>409 Third Street, SW, 8<sup>th</sup> Floor<br/>Washington, DC 20416</p>   |
| <p>7. Brokers and Dealers</p>  | <p>Securities and Exchange Commission<br/>100 F Street, N.E.<br/>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<br/>1501 Farm Credit Drive<br/>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 <u>or</u><br/>Federal Trade Commission: Consumer Response Center – FCRA<br/>Washington, DC 20580<br/>(877) 382-4357</p>   |

**A Summary of Your Rights  
Under the Provisions of California Civil Code Section 1786.22**

The Investigative Consumer Reporting Agencies Act (ICRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You can find the complete text of the ICRA, at the California Privacy Protection web site (<http://www.privacy.ca.gov/icraa.htm>). The ICRA gives you specific rights, as outlined below. You may have additional rights under federal law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

(a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.

(b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:

(1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.

(2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.

(3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has 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 the consumer.

(c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.

(d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.

(e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.

(f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

**NEW YORK CORRECTION LAW**  
**ARTICLE 23-A**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

## OFFICIAL NOTICE

### San Francisco Fair Chance Ordinance

#### *Provide to job applicants/employees prior to requesting a criminal inquiry*

**Starting August 13, 2014, the Fair Chance Ordinance (San Francisco Police Code, Article 49) requires employers to follow strict rules regarding job applicants' and employees' criminal history.** The ordinance covers jobs in San Francisco, and applies to employers doing business in San Francisco who have 20 or more employees (regardless of the employees' locations).

**Certain matters are off-limits.** An employer may *never* ask about, require disclosure of, or consider: an arrest not leading to a conviction (other than an unresolved arrest that is still undergoing criminal investigation or trial.); participation in a diversion or deferral of judgment program; a conviction that has been expunged or made inoperative; any determination in the juvenile justice system; a conviction more than 7 years old; and a criminal offense other than a felony/misdemeanor. Matters that are off-limits cannot be used by the employer for any reason at any stage of the hiring process.

**An employer cannot ask about an individual's conviction history or unresolved arrests at the start of the hiring process.** This includes through a job application form, informal conversation, or otherwise.

**A mandatory interactive process for matters not off-limits.** Only after a live interview has been conducted, or a conditional offer of employment made, is the employer allowed to ask about an individual's conviction history (except as to matters that are off-limits) and unresolved arrests. Only those convictions and unresolved arrests that *directly relate* to the individual's ability to do the job may be considered in making an employment decision.

Before the employer may take an adverse action such as failing/refusing to hire, discharging, or not promoting an individual based on a conviction history or unresolved arrest, the employer must give the individual an opportunity to present evidence that the information is inaccurate, the individual has been rehabilitated, or other mitigating factors. The individual has seven days to respond, at which point the employer must delay any adverse action for a reasonable time and reconsider the adverse action. The employer must notify the individual of any final adverse action.

*Evidence of rehabilitation* include satisfying parole/probation; receiving education/training; participating in alcohol/drug treatment programs; letters of recommendation; and age at which the individual was convicted. *Mitigating factors* include coercion, physical or emotional abuse, and untreated substance abuse/mental illness, that contributed to the conviction.

**No Retaliation.** An employer may not take an adverse action against an applicant or employee for exercising their rights under the ordinance or cooperating with the Office of Labor Standards Enforcement.

If you need more information, or wish to report an employer that you believe has violated this ordinance, please contact the OLSE at 415-554-5192 or email [FCE@sfgov.org](mailto:FCE@sfgov.org).