

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS AGENCY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER WE RECRUIT, HIRE TRAIN AND EMPLOY WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEX, MARITAL STATUS OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAW

PLEASE PRINT ALL REQUESTED INFORMATION
DATE: _____

POSITION(S) APPLIED FOR _____ SALARY DESIRED _____

ARE YOU APPLYING FOR
 FULL TIME OR PART TIME REGULAR TEMPORARY SUMMER EMPLOYMENT
 IF SEEKING PART TIME WORK SPECIFY THE NUMBER OF DAYS PER WEEK _____

LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIPCODE AREA CODE TELEPHONE NUMBER
 () -- DAY
 () -- EVENING

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB(S) FOR WHICH YOU ARE APPLYING? YES NO
 EMAIL: _____
 ARE YOU 18 OR OLDER? YES NO

HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATING IN THE MEDICARE OR MEDICAID PROGRAM?
 YES NO
 HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?
 YES NO

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?
 YES NO
 IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED

 A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF CRIME AND YOUR SUBSEQUENT REHABILITATION.

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?
 YES NO WHEN? _____

DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY? YES NO
 NAME(S) _____
 HOW WERE YOU REFERRED?
 NEWSPAPER AD FRIENDS/RELATIVE
 EMPLOYEE REFERRAL REHIRE
 CAREER DAY OTHER _____
 JOB FAIR

HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE? YES NO
 HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB POSITION? YES NO
 IF "YES", EXPLAIN FULLY (A YES ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT)

 OTHER NAMES BY WHICH YOU ARE KNOWN:

SHIFT PREFERENCE (CHECK ONE) <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	IF PREFERRED SHIFT IS UNAVAILABLE, WILL YOU WORK? YES NO <input type="checkbox"/> <input type="checkbox"/> DAY <input type="checkbox"/> <input type="checkbox"/> EVENING <input type="checkbox"/> <input type="checkbox"/> NIGHT	IF REQUIRED, WILL YOU WORK? YES NO <input type="checkbox"/> <input type="checkbox"/> SATURDAYS <input type="checkbox"/> <input type="checkbox"/> SUNDAYS <input type="checkbox"/> <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> <input type="checkbox"/> ROTATING SHIFTS
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FOR OFFICE USE ONLY EMPLOYEE NUMBER _____
 APPLICATION NUMBER _____

EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

NAME OF EMPLOYER	POSITION HELD	DATES FROM TO	HRS/WK
ADDRESS	NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> Now <input type="checkbox"/> After offer of employment?	TELEPHONE #
CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

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CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

EDUCATION				
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	LIST DIPLOMA DEGREES(S) OBTAINED
HIGH SCHOOL			1 2 3 4	
COLLEGE(S)			1 2 3 4	
			5 6 7 8	
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING – Approx WPM _____	
			SHORTHAND – Approx WPM _____	
LIST BUSINESS, HOSPITAL, NURSING FACILITY MEDICAL OR INDUSTRIAL EQUIPMENT OPERATED			WORD PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT WORD PROCESSING EQPT ARE YOU FAMILIAR WITH?	
PROFESSIONAL LICENSES AND/OR CERTIFICATES				
ARE YOU:	CURRENTLY	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED
	ELIGIBLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION
IF LICENSED REGISTERED OR CERTIFIED:				
TYPE	NO:	STATE ISSUED	DATE ISSUED:	EXPIRATION
LANGUAGE SKILLS (OTHER THAN ENGLISH)				
SINCE COMMUNICATION WITH RESIDENTS, THEIR FAMILIES AND PHYSICIANS SOMETIMES INVOLVES THE USE OF FOREIGN LANGUAGES, PLEASE IDENTIFY OTHER LANGUAGES THAT YOU SPEAK _____, WRITE _____, AND READ _____ INCLUDING SIGN LANGUAGE:				
UNITED STATES MILITARY SERVICE: If you obtained any experience or skills while performing military service that relates to the job for which you are applying, please describe the nature of your duties that led to the experience.				
ADDITIONAL REFERENCES PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. THESE INCLUDE PERSONS IN ACADEMIC INSTITUTIONS, VOLUNTEER ORGANZATIONS, ETC. (NOT FRIENDS OR RELATIVES)				
NAME	ADDRESS	TELEPHONE	RELATIONSHIP	
ADDITIONAL INFORMATION: Please include any additional information that you think would be applicable: e.g., internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment, Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or-state law.				

**RELEASE AUTHORIZATION
AND
FAIR CREDIT REPORTING ACT
DISCLOSURE [FOR EMPLOYMENT
PURPOSES]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application or resume during the term of employment. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, and licensing agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment.

Date: _____ Signature of Applicant: _____

Print Name: _____

IMPORTANT STATEMENTS-READ CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the facility may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the facility to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the facility, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the facility. I also understand that no representative of the facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with this facility.

Date: _____ **Signature:** _____

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

DATE OF BIRTH	MAIDEN NAME
PERSON TO NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP
ADDRESS CITY STATE	AREA CODE TELEPHONE NUMBER

**EMPLOYEE MOTOR VEHICLE RECORD CHECK and
AUTOMOBILE LIABILITY ACKNOWLEDGEMENT FORM**

AGENCY/ENTITY NAME _____

PERMISSION TO CHECK OFFICE OF MOTOR VEHICLE RECORD:

Name: _____ Date of Birth _____

Social Security Number: _____ *Driver's License State/ Number _____

***Attach copy of driver's license.**

I hereby grant permission for my employer to make a photocopy of my driver's license and obtain a check on my official Office of Motor Vehicles (OMV) driving record. The report of my driving record will be used to determine my eligibility to operate a vehicle for the purpose of company business. I understand that I am not to use any vehicle for company business until I have been designated as an "Authorized Driver".

Employee Signature

Date

AUTOMOBILE LIABILITY ACKNOWLEDGEMENT FORM

In accordance with the principles of insurance, I understand that if I use my personal vehicle on company business, my personal automobile policy applicable to the vehicle I am driving will respond on a primary basis in the event of an automobile accident sustained while using that personal auto for business purposes. It is further acknowledged that I understand company policy prohibits the transportation of any resident, patient, client, and/or consumer in a personal vehicle. Violating this policy may result in termination.

Employee Signature

Date

Administrator/Witness Signature

DO NOT WRITE BELOW THIS LINE – FOR ADMINISTRATIVE USE ONLY

OMV DRIVING RECORD CHECK VERIFICATION

As evidenced by the *attached Driving Record Check* from the Louisiana Office of Motor Vehicles (OMV), the above named individual:

_____ Has **NO** violations on file with the OMV _____ has following violations on file with the OMV:

<u>Type (major or minor)</u>	<u>Description</u>	<u>Violation Date</u>	<u>Conviction Date</u>

STATEMENT OF AUTHORIZATION

The above named employee's authorized driver status is: **APPROVED** **NOT APPROVED**
(Please Circle the appropriate response and sign below)

The above named employee's OMV Record was checked by: _____
Administrative Staff Signature Date

Comments: _____

CRIMINAL HISTORY RECORD CHECK

I understand I am being hired on a temporary basis subject to a criminal history record check. If a disqualifying criminal history check occurs, my employment will cease immediately.

If such criminal record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, you will not be eligible to be employed at this facility:

- (1) possession or sale of drugs
- (2) murder
- (3) manslaughter
- (4) armed robbery
- (5) rape
- (6) sexual battery
- (7) sex offense listed in Section 45-33-23, Mississippi Code of 1972
- (8) child abuse
- (9) arson
- (10) grand larceny
- (11) burglary
- (12) gratification of lust
- (13) aggravated assault
- (14) felonious abuse and/or battery of a vulnerable adult

Signed:

Employee

Date: ____ / ____ / ____

Hospice Agency: _____

Witness: _____

Date: ____ / ____ / ____

**ACKNOWLEDGMENT OF THE NEED FOR
A CRIMINAL HISTORY CHECK AND SECURITY CHECK**

I understand that this facility is committed to the health, safety, and welfare of its residents. I also understand that as part of meeting this commitment and as required by Louisiana Law, the facility must conduct a criminal history check and security before a final job offer is made. A "security check" is the use of my personal information, such as my name, social security number, date of birth, and driver's license number, to check the national sex offender's registry. I understand that no job offer will be final until the facility receives the results of the criminal history check and security check and has had a chance to evaluate them. Most importantly, I understand that once the results of the checks are received I can be denied a job offer or terminated if I have begun work temporarily. Even if I am extended a final job offer, I understand that I am still an employee at-will, which means the facility can terminate my employment or I can terminate my employment with the facility at any time.

I understand that it is a crime to provide false information concerning a criminal history check to an employer.

Applicant's Signature

Date

Signature of Company Representative

Date

REQUEST FOR LOUISIANA STATEWIDE CRIMINAL HISTORY SEARCH

SPECIAL INSTRUCTIONS
(Internal Information Only)

AUDIT NUMBER: _____

Facility requesting criminal history records for employment purposes pursuant to **LA R.S. 40:1203.2**

CLIENT INFORMATION		
Customer:		
SRC Account No.:	Fax No.:	Phone No.:

As provided for in **LA R.S. 40:1203.2** - criminal history information search which has been approved by the Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections, Office of the State Police.

Authorized Agent requesting search: **T. J. Ostendorff, III with SOUTHERN RESEARCH COMPANY, INC.**
2850 Centenary Blvd., Shreveport, LA 71104 | Phone 888-772-6952 | Fax 888-429-5604 | Email: background@southernresearchinc.com

APPLICANT OR SUBJECT OF INVESTIGATION – PLEASE PRINT (BLACK INK ONLY) OR TYPE				
Last Name	First Name	Middle Name	Social Security Number - -	
*** Include Maiden name and/or previous married name(s) if applicable ***				
☞ There is an additional charged for each aka name and maiden name ☜				
aka/maiden name	aka/maiden name	aka/maiden name	aka/maiden name	
Date of Birth (mm/dd/yyyy) / /	Gender Male Female	Race	Driver's License Number	State

***** Please check box for Additional Search Requests needed *****

MVR Search
 Rapid-CRIM
 Social Trace
 DL Status Inquiry
 OIG
 LA State Adverse Action List
 DSW/CNA: Employee Type: _____

NOTICE/AUTHORIZATION FOR CONSUMER REPORT

In connection with my application for employment, I understand that a thorough investigation will be conducted from the files that are maintained with the Louisiana Department of Public Safety and Corrections, Office of State Police. I also understand it is a crime to provide false information concerning a criminal history check as authorized by the statute.

I acknowledge that I have signed a Disclosure and Authorization form and have received a copy of the summary of rights under the Fair Credit Reporting Act.

By providing the information requested above and signing this Notice/Authorization, I authorize such an investigation **on behalf the Facility named above**. I also acknowledge that a facsimile or photographic copy of this signed Notice/Authorization will be as valid as the original.

☞ **Applicant's Signature:** _____ (Please Use Ink only)

Witness: _____ Date: ____/____/____

***** **SEARCH RESULTS** (Please do not write below this line – for official Use Only) *****

CRIMINAL RESULTS

CHECK HERE IF **“NO RECORD FOUND”** _____

CHECK HERE IF **“RECORD(S) FOUND”** _____ (See attached report)

It is understood, owing to the fact that no fingerprint cards were submitted, that this bureau cannot guarantee in any manner the positive identity of this record(s) being furnished to you in order that you may determine whether it pertains to the individual listed above.

Applicant listed on the National Sex Offenders Registry: YES NO

**** AUTHORIZED AGENT STAMP ****

DATE: ____/____/____

DISCLOSURE/AUTHORIZATION (Employment Purposes)

In connection with my application for employment, I understand that a consumer report and/or an investigative consumer report may be requested and obtained for employment purposes on behalf of **the Company named above**. I also understand that, if I am hired, a consumer report and/or an investigative consumer report may be requested and obtained during the course of my employment.

The report may include information regarding my character, general reputation, personal characteristics, mode of living, and credit standing which may confirm or deny my eligibility for employment with **the Company named above**. The information contained in the report will be obtained from private and public record sources, including, as may be appropriate, personal interviews with sources such as neighbors, friends and associates.

By providing the information requested below and signing this Disclosure Authorization, I authorize the Company named above to request and obtain a consumer report and/or investigate consumer report regarding me. I also acknowledge that a facsimile or photographic copy of this signed Disclosure Authorization will be as valid as the original.

Applicant's Full Name (Please Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YY): _____ SSN: _____

Driver's License: State: _____ Number: _____

☞ Applicant's Signature: _____ Date: ____/____/____



Para información en español, visite 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 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 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 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.
- **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.

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