A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy --to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681 u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you-- such as denying an application for credit, insurance, ·or employment-must tell you, and *give* you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs- to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone-- such as a creditor who reports to a CRA --that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

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

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FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT		
CRAs, creditors and others not listed below	Federal Trade Commission		
	Consumer Response Center- FCRA		
	Washington, DC 20580 * 202-326-3761		
National banks, federal branches/agencies of	Office of the Comptroller of the Currency		
foreign banks (word "National" or initials "N .A"	Compliance Management, Mail Stop 6-6		
appear in or after bank's name)	Washington, DC 20219 * 800-613-6743		
Federal Reserve System member banks (except	Federal Reserve Board		
national banks, and federal branches/agencies of	Division of Consumer & Community Affairs		
foreign banks)	Washington, DC 20551 * 202-452-3693		
Savings associations and federally chartered	Office of Thrift Supervision		
savings banks (word "Federal" or initials "F.S.B."	Consumer Programs		
appear in federal institution's name)	Washington D.C. 20552* 800- 842-6929		
Federal credit unions (words "Federal Credit	National Credit Union Administration		
Union" appear in institution's name)	1775 Duke Street		
	Alexandria, VA 22314 * 703-518-6360		
State-chartered banks that are not members of	Federal Deposit Insurance Corporation		
the Federal Reserve System	Division of Compliance & Consumer Affairs		
	Washington, DC 20429 * 800-934-FDIC		
Air, surface, or rail common carriers regulated by	Department of Transportation		
former Civil Aeronautics Board or Interstate	Office of Financial Management		
Commerce Commission	Washington, DC 20590 * 202-366-1306		
Activities subject to the Packers and Stockyards	Department of Agriculture		
Act, 1921	Office of Deputy Administrator-GIPSA		
	Washington, DC 20250 * 202-720-7051		

WRITTEN NOTICE AND AUTHORIZATION TO OBTAIN CONSUMER CREDIT BUREAU REPORT AND BACKGROUND CHECK

This notice is to advise you that Aurora Schools Federal Credit Union obtains a consumer credit bureau report and background check for all employment applicants. Your consumer credit bureau report will be used solely for employment purposes and will be handled in accordance with the Fair Credit Reporting Act as amended. Please read the following statement and print and sign your name in the spaces provided below. If you choose not to sign this document, you may not be considered for employment with Aurora Schools Federal Credit Union.

By signing this document, I authorize Aurora Schools Federal Credit Union to obtain a consumer credit bureau report and background check. I understand that information from these reports may be used by Aurora Schools Federal Credit Union in making a decision regarding my employment. I understand that neither my signing this authorization nor the procurement of my consumer credit bureau report and background check guarantees or implies any promise of employment with Aurora Schools Federal Credit Union.

	/ /
Printed Name	Birthday
Signature	
Social Security Number	
Date	

APPLICATION FOR EMPLOYMENT

Have you ever been bonded? Yes□ No□



751 Chambers Road Aurora, CO 80011 303-360-0987

Date of Application _____

Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, notional origin, disability, veteran status, age, or any other protected characteristic.

NameHome Phone ()	
Cellular/Other Phone () E-mail	
Address	
City/State/ZIP	For Office Use Only
Position applied for	Applicant #
Shift Preferred: 1 \square 2 \square 3 \square Any \square Not Applicable \square	Employee #
Expected salary range or hourly rate of pay?	Hire Date
Type of work desired Full-time□ Part-time□ Seasonal□ Temporary□	Position
Date available for work	Rate
How were you referred to this company?	Class
	Skill
Have you ever been employed here before? Yes□ No□ If yes, give dates	Other
Is this application a request for reemployment following an extended military leave of absence from this company? Yes \Box No \Box If yes, additional information may be required.	Notes
If you are under 18 years old, can you provide a work permit if required? Yes \Box No \Box	
Are you legally eligible for employment in the USA? Yes \Box No \Box If yes, proof is required if hired.	
Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about on applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent per mined by law. Yes \(\text{No} \) Need more information about the job's "essential functions" to respond \(\text{D} \)	
Will you relocate if required? Yes \square No \square	
Will you travel if required? Yes \square No \square	
Will you work overtime if required? Yes \square No \square	
If driving may be required in the job for which you are applying, please provide your driver' DL# State	

EMPLOYMENT EXPERIENCE

Place an \boxtimes by the employer(s) you do not want us to contact. List your most recent employer first.

□ 1.	Employer						
	Address						
	Job Title	Supervisor					
	Email	Phone ()					
	Dates Employed: from (mm/yy) to (mm/yy) _	Hourly rate/salary: starting	final				
	Work Performed						
	Reason for Leaving						
□ 2.	Employer						
		Address					
	Job Title	Supervisor					
	Email	Phone ()					
	Dates Employed: from (mm/yy) to (mm/yy) _	Hourly rate/salary: starting	final				
	Work Performed						
	Reason for Leaving						
□ 3.	Employer						
	Address						
		Supervisor					
	Email	Phone ()					
	Dates Employed: from (mm/yy) to (mm/yy) _	Hourly rate/salary: starting	final				
	Work Performed						
	Reason for Leaving						
□ 4.	Employer						
	Address						
		Supervisor					
	Email	Phone ()					
	Dates Employed: from (mm/yy) to (mm/yy) _						
	Work Performed						
	Reason for Leaving						

Explain any gaps in emplo	yment, other thar	n those due to personal ill	ness, injury or d	lisability.	
Have you ever been fired	or asked to resign	from a job? Yes□ No□]		
EDUCATIONAL	BACKGROUI	ND			
High School:					
=	······································	Loc	cation		
Course of study _		Did you graduate? Yes	□ No□ Degre	ee or diploma	Years completed
College:					
		Loc	cation		
Course of study _		Did you graduate? Yes	□ No□ Degre	ee or diploma	Years completed
Graduate School: Name of school _		Loo	cation		
Course of study _		Did you graduate? Yes	□ No□ Degre	ee or diploma	Years completed
Vocational Training: Name of school		Loc	cation		
					Years completed
Continuing Education:		,	Ū		
SKILLS AND QU	ALIFICATION	ıs			
			ssist you in perf	orming the positi	on for which you are applyi
Computer Skills (Check ap	propriete boyes I	naluda saftuuara titlas ana	Lyone of overe	ionee l	
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					Years:
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☐ Email:		Years:	□Other		Y ears
Is there any other job-rela	ted information y	ou want us to know abou	t you?		
REFERENCES					
List names and telephone If not applicable, list three				•	d are not previous supervise
Name	Title	Relationship to You	Telephone	Email	Years Kn
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APPLICANT STATEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may hove regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains active for only 30 days. At the conclusion of that time, if I have *not* heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply *and* fill out a *new* application.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. 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 company.

I understand that no company representative, other than its president, and then *only* when in writing and signed *by* the president, has any authority to enter into any agreement for employment for any specific period of lime, or to make any agreement contrary to the foregoing.

Applicant's Signature			Date		
APPLICAN	NT: Do not write in this space. (For	office use only.)			
Intervie	ws				
Date	Interviewer(s)				
Test Res		Date	Capra	Dakina	
Tests F	Tests Administered		Score	Rating	
Referen	ice Checks		1		
Date Contac	Reference Name	Contact	Contacted By		