

Yuima Municipal Water District

34928 Valley Center Rd. Pauma Valley, CA. 92061 – Mailing: P.O. Box 177 Pauma Valley, CA 92061
Phone 760-742-3704 Fax 760-742-2069 E-Mail amy@yuimamwd.com

INSTRUCTIONS TO APPLICANTS FOR EMPLOYMENT

The following instructions have been provided to assist you in completing your employment application and to provide you with important information on the Yuima Municipal Water District recruitment policies.

IMPORTANT – PLEASE BE SURE TO READ THIS INFORMATION CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

1. The employment application is used in all points of the hiring process and is the applicant's primary method of illustrating his/her qualifications. Applications must be filled out completely and clearly to show that the minimum qualifications are met. False statements, as well as failure to disclose requested information, will be cause for disqualification, removal from an eligibility list, or discharge from employment. Resumes may be attached, but will not be accepted in lieu of a completed District application form. If more space is required, attach additional sheets. Please print clearly in ink, or type.
2. Some positions will require a supplemental questionnaire as part of the application process. If one is required to accompany the application form, the supplemental questionnaire will be included in the application package.
3. All statements made on the application are subject to investigation and verification, and applicants may be required to provide documentary evidence of certificates, degrees, training, experience, licenses or educational credits.
4. Completed application materials must be received at the District office by 4:00 p.m. on the closing date. Postmarks will not be accepted. Applications may be submitted in a sealed envelope marked, Attn: Amy Reeh, General Manager, either in person at 34928 Valley Center Rd. Pauma Valley, or sent to our post office box 177 by US mail. Applications are not accepted by fax or email. Applications and other related application materials, whether accepted or rejected will not be returned. ***Previous employees of Yuima may submit a letter of interest in lieu of an application. Please include the position you are interested in applying for in the letter.***
5. Applicants must complete a separate application form for each job position for which they are applying. Applications shall only be accepted during recruitment periods for the designated position, and will not be held for future recruitments.
6. In compliance with the Immigration Reform & Control Act of 1986, all new employees must verify identity and entitlement to work in the United States by providing required documentation.
7. Final candidates will be required to take and pass a drug/alcohol screening, which will be included during the employment entrance medical examination. A positive test result will disqualify an applicant from employment. Candidates are cautioned not to quit or give notice to their present employer until they qualify on the medical and drug/alcohol screening, and a formal job offer has been extended by the District.

EQUAL OPPORTUNITY EMPLOYER: The Yuima Municipal Water District considers applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, mental or physical disability, medical condition or any other legally protected status. Qualified disabled applicants with special needs must notify the District in advance and whenever possible accommodation will be made available. Recruitment announcements are for general information only and do not constitute an express or implied contract and may be modified or revised without prior notice.

Yuima Municipal Water District is an Equal Opportunity Employer

UTILITY WORKER I

DEFINITION:

Under immediate supervision participates in the work of a crew in the construction and maintenance of District structures, mains and appurtenances; a variety of routine grounds maintenance and landscaping duties; performs building maintenance and custodial duties; and performs related work as required. Applies all standard safety practices.

CLASS CHARACTERISTICS

The Utility Worker I learns and performs manual labor in the construction and maintenance tasks involving the use of hand tools and light motorized equipment; gains experience with heavy equipment, such as backhoe; performs grounds keeping and janitorial work and herbicide/pesticide application and tree trimming. Incumbents may be assigned to and rotated among several specialized crews wherein they perform the more routine duties and receive on-the-job training in the specific duties and safety programs of the district.

Examples of Duties

Repairs leaks in service lines;¹ tests and repairs water meters;¹ performs routine preventive maintenance servicing of vehicles; sets up traffic control and performs traffic flagging duties;¹ installs pressure regulating devices; performs routine inspection of equipment, tanks, structures, checking for damage, oil leaks, excessive noise or abnormal operations;¹ assists mechanics, other employee and vendors in the removal, repair, replacements, testing and servicing of plant and pump station mechanical equipment, vehicles, meters, valves, piping, engines and related parts;¹ as a learner and worker, uses shovel, tamper, jack hammer, sprayer, trencher, pipe cutter, welder and compressor,¹ applies concrete mud to pipe, angles, couplings, saddles, nozzles and flanges; ¹ mixes, pours and finishes concrete,¹ notifies customers of water service shut downs; turns water meters on and off; cleans drainage ditches and culverts; maintains right-of-ways,¹ flushes fire hydrants; exercises valves;¹ maintains valves; responds to stoppage and overflow reports when assigned; reads meter as assigned;¹ loads and unloads trucks; performs routine janitorial duties;² sprays herbicides and pesticides;² changes light bulbs and ballasts;² washes trucks;² performs

¹ *The performance of this function is the reason the job exists.*

² *There are limited employees among whom the performance of this function can be distributed.*

full range of duties of a custodian, as assigned, in addition to grounds keeping work;¹ is available for assignment to stand-by duty;² and performs related work as required.

QUALIFICATIONS:

Knowledge of:

Basic English;
Basic mathematics and measurements;
Proper use of hand and portable power tools;
Basic ability in working with tools;
Basic janitorial methods and tools;
Common grounds keeping methods and tools;
Basic safety practices in working with tools;

Ability to:

Use hand and portable power tools in repair, maintenance and construction projects;
Learn and follow work procedures safety precautions;
Performs heavy manual labor;
Comply with uniform and safety apparatus requirements of the District;
Be available for overtime, standby and after-hour emergency calls;
Operate grounds keeping equipment;
Apply herbicides and pesticides;
Work independently;
Perform janitorial duties;
Operate a vehicle observing legal and defensive driving practices;
Understand and carry out oral and written instructions;
Establish and maintain effective relationships with those contacted in the course of work.

Licenses and Certification

1. Possession of a valid and appropriate California Driver's License;
2. Acquisition of a Water Distribution Operator Grade (D1) and Water Treatment Operator's Certificate (T1) issued by the State of California, Department of Health Services will be required within 18 months of hire and are a condition of continued employment.

Training and Experience

Any combination of training, education and experience which demonstrates possession of the skills and abilities to perform the required job functions.

Physical Demands

Walking:	Moves about on foot often through uneven terrain, climbs ladders.
Carrying:	Transports objects by holding them in hands or arms.
Hands/Arms:	Signals equipment operator; operates equipment, hand and power tools.
Handling:	Seizes, holds or works with hands.
Lifting:	Raises or lower pumps, bags of concrete, fittings, meters, flanges, tampers, blacktop, jackhammers, valves, valve keys, tools, plants, trees, trash bins, assorted debris and related items.
Reaching:	Extends hands and arms in any direction.
Stooping:	Bends body downward and forward by bending at the knees or waist often while digging with a shovel.
Climbing:	In and out of equipment and trenches and confined spaces; ascends and descends ladders up to 50 feet in height.
Vision:	Reads work orders, labels and MSDS on assorted chemicals, and operates District equipment and vehicles.
Talking:	Communicates by radio and in person.
Hearing:	Hears well enough for safety in and around construction sites and to receive communications by radio and in person.
Sitting:	Sits in equipment and vehicles, often driving through rough terrain.
Standing:	Flags traffic for up to 8 hours per day.

Physical Strength

Lifting:	50 pounds daily, up to 75 pounds on occasion; frequent exertion.
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Other Requirements:

Must possess a valid California Driver's License and be acceptable to the District's automobile liability insurance carrier.

Environmental Conditions

Noise:	Works in conditions with constant or intermittent noise.
Temperature/ Weather:	Works outside with variations of temperature and weather.

This position may include periodic to frequent disagreeable working conditions including noise, dirt, fumes, vibration, heat, cold, dampness and hazardous chemicals.

Protective Devices Required

Hard hat, gloves, safety shoes, District uniform, Self-Contained Breathing Apparatus, respirator, hearing protection, safety glasses, welding hood, leather welding jacket, cutting goggles, chemical suits, and seat belt.

Residence

Because this is a duty position and emergency response may be required at times, applicant must reside within (30) thirty minutes of District's office.

Medical Examination:

All applicants offered employment with the District must successfully pass a pre-employment physical examination prior to the first day of employment including drug and alcohol testing prior to the first day of employment.

Prior to employment and annually thereafter, incumbent must have audiology and respirator (self-contained breathing apparatus) physical examinations.

Reasonable accommodations will be considered.

Board Approved
Effective Date:
April 10, 2017

Board Approved
Revision Date:

Application For Employment

Yuima Municipal Water District

P.O. Box 177, Pauma Valley, Ca. 92061

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name

LAST

FIRST

MIDDLE

Address

NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone (____) _____ Social Security Number _____|_____|_____

If employed and you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever worked for an agency that has a Reciprocity Retirement Plan? Yes No

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Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer ()	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer ()	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer ()	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer ()	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

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Please indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical Or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

Honors Received: State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**YUIMA MUNICIPAL WATER DISTRICT
APPLICANT RELEASE AND AUTHORIZATION**

I _____, hereby declare as follows:

In connection with my application for employment with Yuima Municipal Water District, I understand an investigative background check and consumer report that may contain public record information may be requested and obtained by Yuima Municipal Water District. Information gathered may include, but is not limited to, any information relating to my character, reputation, personal characteristics, past work experience, driving record, Worker's Compensation claims, credit, bankruptcy proceedings, criminal history, educational background and any other information about me which may reflect on my potential for employment. I understand this information may be gathered from any individual, organization, entity, state and/or other agencies, or other sources that may have data or knowledge concerning such items of information. Medical and Worker's Compensation information will only be requested in compliance with the American's with Disabilities Act (ADA) and/or other applicable state laws.

WITHOUT RESERVATION, I AUTHORIZE ANY PERSON, COMPANY, PHYSICIAN, HOSPITAL, FIRM, SCHOOL OR AGENCY CONTACTED BY YUIMA MUNICIPAL WATER DISTRICT OR ITS AGENTS TO FURNISH THE ABOVE INFORMATION. I HEREBY FULLY RELEASE AND DISCHARGE FROM ALL LIABILITY YUIMA MUNICIPAL WATER DISTRICT AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND ATTORNEYS THEREOF, AND ANY SOURCE OR ENTITY RELEASING OR PROVIDING INFORMATION OR DATA AND MAKING STATEMENTS OF OPINION ABOUT ME TO YUIMA MUNICIPAL WATER DISTRICT.

I ACKNOWLEDGE THAT A FACSIMILE OR PHOTOGRAPHIC COPY OF THIS SIGNED STATEMENT SHALL SERVE AS VALID AS THE ORIGINAL DOCUMENT.

I CERTIFY THAT I AM NOT UNDER 18 YEARS OF AGE AND THE INFORMATION PROVIDED BY ME IS ACCURATE AND WITHOUT ANY CONSEQUENTIAL OMISSION. INFORMATION PROVIDED BY MYSELF AND/OR OTHERS MAY BE USED ONLY BY YUIMA MUNICIPAL WATER DISTRICT AND/OR PROVIDED TO OTHERS IN ANY MANNER OR FORM FOR THE PURPOSES OF INVESTIGATING ME FOR EMPLOYMENT.

Signature

Date

Applicants selected for employment opportunity are required to undergo and pass a pre-employment physical.

Request, authorization, consent, and release

To: Concentra Occupational Medical Centers

I hereby request, authorize, and consent to the release of any and all information concerning my health status, including, but not limited to, the diagnosis, treatment, therapy, and results of any laboratory testing and/or physician's assessment that may be related to or that could affect my job performance or the health and safety of the public and/or my co-workers to:

YUIMA MUNICIPAL WATER DISTRICT
34928 Valley Center Road, P.O. Box 177
Pauma Valley, California 92061-0177

I further hereby release and hold harmless Yuima Municipal Water District and Concentra Occupational Med Centers, its officers, employees and agents, in furnishing, communicating, reviewing or evaluating information or documents pursuant to this Request, Authorization, Consent, and Release, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for misrepresentation, intentional or negligent, any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have, now or in the future.

Applicant's Signature

Print Name

Date

Not required until conditional offer is extended
Applicant's Date of Birth

District Representative: _____

BE SURE TO PRINT LEGIBLY IN BLACK INK

Date: _____

TO: Yuima Municipal Water District

From:

1. Name _____ / _____ / _____
(Last) (First) (Middle)
2. DRIVER'S LICENSE: _____ STATE: _____
3. SOCIAL SECURITY NUMBER: _____ - _____ - _____
4. SEX: M / F (Circle one)
5. DATE OF BIRTH: **Not required until conditional offer is extended.**
6. CURRENT ADDRESS: _____
(Number and Street)

(City, State, and Zip Code)
7. FORMER ADDRESSES: _____
(Number and Street)

(City, State, and Zip Code)
8. OTHER NAMES USED AND WHEN?

(Maiden Name, Nicknames, Aliases - - Specify which)

Applicant's Signature: _____

YUIMA MUNICIPAL WATER DISTRICT USE:

SERVICE REQUESTED: (Check appropriately)

- County Criminal Counts Comprehensive Background Investigation
 Driving Records

ANY SPECIAL INSTRUCTIONS: _____

Requested by: _____ Date: _____

APPLICANT NOTIFICATION

In conjunction with your application for employment with us, we utilize the services of EMPLOYEE RELATIONS, INC. to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past employment, education, and activities, including, but not limited to public records, credit history, criminal background information, and driving record.

EMPLOYEE RELATIONS, INC. will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report.

EMPLOYEE RELATIONS, INC. can be contacted at:

EMPLOYEE RELATIONS, INC.
431 NORTH BRAND BLVD, SUITE 308
GLENDALE, CA 91203
PHONE: (800) 716-7773
EMAIL: complianceofficer@erelations.com
WEBSITE: www.erelations.com

"EMPLOYEE RELATIONS CLIENT"

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give **EMPLOYEE RELATIONS CLIENT** and **EMPLOYEE RELATIONS, INC.** the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them.

Should an investigative consumer report be obtained from Employee Relations, Inc. in connection with my application for employment, I understand that I have the right to receive a copy of my report, free of charge, by checking the box below.

PLEASE PROVIDE ME A COPY OF ANY REPORT GENERATED ON ME AS A RESULT OF THIS APPLICATION FOR EMPLOYMENT

APPLICANT NAME (PRINT): _____

PHONE: _____

Date of Birth: _____

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION. IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION: ____/____/____

SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE

“EMPLOYEE RELATIONS CLIENT”

Credit Report Disclosure for California Applicants

As part of your employment or prospective employment, the Company above has requested a credit report citing the following exemption for the position for which you are applying:

- A position in the California Department of Justice
- A managerial position (defined as a position that qualifies for the executive exemption from overtime)
- A sworn peace officer or other law enforcement position
- A position for which credit information is required by law to be disclosed or obtained
- A position that involves regular access (other than in connection with routine solicitation of credit card applications in a retail establishment) to people's bank or credit card account information, social security number, and date of birth
- A position in which the employee would be a named signatory on the employer's bank or credit card account, authorized to transfer money on behalf of the employer, or authorized to enter into financial contracts on behalf of the employer
- A position that involves regular access to cash totaling \$10,000 or more of the employer, a customer, or client during the workday
- A position that involves access to confidential or proprietary information (defined as a legal "trade secret" under Civil Code 3426.1(d))

EMPLOYEE RELATIONS, INC. can be contacted at:

EMPLOYEE RELATIONS, INC.
431 NORTH BRAND BLVD, SUITE 308
GLENDALE, CA 91203
PHONE: (800) 716-7773
EMAIL: complianceofficer@relations.com

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

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service
- Banking Service
- Background Check
- License Requirement
- Credit Check
- Other

with the following company ("the Company"):

Company Name: _____

Company Address: _____

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature _____ Date Signed _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

Privacy Act Statement

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.***

TEAR OFF

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>