



**CITY OF BELLS  
PERSONAL HISTORY STATEMENT  
FOR FIRE CHIEF**

**Applicant's Name:** \_\_\_\_\_

**IMPORTANT! READ THESE INSTRUCTIONS CAREFULLY.**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (P.H.S.). **THIS INFORMATION MUST BE ACCURATE AND COMPLETE!**

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. The Personal History Statement must be legible, in ink or typewritten, and someone else other than applicant may not complete the application or personal history statement on behalf of the applicant.
2. Avoid errors by reading the directions carefully before making any entries on the form. Answer all contact information questions completely, correctly, and in sequence (ex. Addresses with zip codes, and telephone numbers with area codes) for former employer's and personal references.
3. If there is insufficient space on the P.H.S. form, attach extra sheets. Be sure your name is on the page and reference the relevant section and question, before continuing your answer.
4. An applicant may be disqualified from the application process for the following factors: any moral character issue demonstrated prior to or during the application process (i.e. failure to pay child support, disorderly conduct, demonstration of bad character, etc.).
5. Have this document notarized in the appropriate sections before returning it.

Your failure to complete this document accurately and thoroughly may result in the rejection of your application. Any misstatement or misrepresentations, including omitted information given in the Personal History Statement or interview(s) may result in the rejection of your application and /or immediate termination, without right of appeal, unless subject to an appeal pursuant to the City's Personnel Rules.

If you have any questions regarding the required information, contact the city administrator prior to returning the document. You may contact city administrator from 8a.m. to 5p.m., Monday through Friday at 903.965.7744 or email [cityadmin@cityofbells.org](mailto:cityadmin@cityofbells.org).

## Required Document Checklist

Incomplete applications will not be accepted or considered for employment. To be considered complete, each the following applicable required documents must accompany an individual's personal history statement:

### Required Documents

Attach copies (original documents are not required at the time of submission but may be requested at a later date) of the following documents to your completed Personal History Statement:

1. Official High School diploma, GED Certificate, or transcript
2. Official college diploma or transcript
3. Training documentation
4. License or proof of certifications
5. Photocopy of valid Driver's License
6. DD214 and discharge papers (if applicable)
7. A current 5"X7" photo of yourself

**BELLS FIRE DEPARTMENT RELEASE OF INFORMATION AGREEMENT (Page 1 of 2)**

APPLICANT'S PRINTED NAME: \_\_\_\_\_

To Whom It May Concern: I am an applicant for a position with the Bells Fire Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Bells Fire Department bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bells Fire Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Bells Fire Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Bells Fire Department regardless of any agreement I may have made with you previously to the contrary. The Fire Department requesting the information pursuant to this release will discontinue processing my application, if you refuse to disclose the information requested.

For and in consideration of the Bells Fire Department's acceptance and processing of my application for employment. I agree to hold the Bells Fire Department, its agents and personnel harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Bells Fire Department. I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Cedar Hill Fire Department in conjunction with employment procedures.



**APPLICANT ACKNOWLEDGEMENT - ACCURACY OF INFORMATION**

I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained within this application. I also understand that the City of Bells is an at-will employer and that this document is not an offer of employment nor does it constitute an employment contract.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

The City of Bells is an equal opportunity employer. If you have a disability that requires special needs in the employment process, please contact the city administrator 903.965.7744 or [cityadmin@cityofbells.org](mailto:cityadmin@cityofbells.org).

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## PERSONAL HISTORY STATEMENT

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Information provided in this section is used for identification purposes only and will not be used against you in the employment process.

**Name:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Street Number and Name City State Zip

**Home Phone No.:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**U.S. Citizen or authorized to work in U.S.:**  Yes  No

**Driver's License:** \_\_\_\_\_  
Number State of Issue Expiration Date

**Any distinguishing marks:** Scars: \_\_\_\_\_

Tattoos: \_\_\_\_\_

**Email Addresses:** \_\_\_\_\_

### Web Pages:

Twitter URL : \_\_\_\_\_

Facebook URL : \_\_\_\_\_

Other URL \_\_\_\_\_

*\*Once assigned to a background investigator, you must provide access to these pages.\**

### ALIASES

Nickname(s): \_\_\_\_\_

Maiden Name(s): \_\_\_\_\_

Other names you have gone by: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_





Indicate how many marriages you have had: \_\_\_\_\_

If divorced, annulled, or widowed, provide the following information for each previous marriage.

**Previous Marriage:**

Former spouse/partner full name: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_  
Street Number and Name City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of marriage/civil union: \_\_\_\_\_ City and State: \_\_\_\_\_

If divorced or annulled, date of court order or decree: \_\_\_\_\_

Indicate court, city, county, and state where the decree order was issued:

\_\_\_\_\_  
Court City County State

If widowed, date of death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
County State

**Next Previous Marriage:**

Former spouse/partner full name: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_  
Street Number and Name City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of marriage/civil union: \_\_\_\_\_ City and State: \_\_\_\_\_

If divorced or annulled, date of court order or decree: \_\_\_\_\_

Indicate court, city, county, and state where the decree order was issued:

\_\_\_\_\_  
Court City County State

If widowed, date of death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
County State

**Attach additional sheets with the information requested for each additional previous marriage.**

**Have you ever assaulted your spouse, former spouse or partner?**

Yes  No

**Has your spouse, former spouse, partner ever assaulted you?**

Yes  No

**Have you ever been ordered by a court to pay child support or alimony?**

Yes  No

**If yes, provide the following information:**

To whom paid: \_\_\_\_\_ Amount: \_\_\_\_\_

To whom paid: \_\_\_\_\_ Amount: \_\_\_\_\_

To whom paid: \_\_\_\_\_ Amount: \_\_\_\_\_

How paid (direct, court clerk, etc.)? If paid through court clerk, give complete name and mailing address of the office to which it is sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all children related to you and your spouse including natural, adopted, step-children and foster-children. Attach additional sheets, if necessary.**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Supported by whom: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Supported by whom: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Supported by whom: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

**List all other dependents:**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Supported by whom: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Supported by whom: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

**Have you or your spouse ever been investigated for child abuse or neglect?** \_\_\_ Yes \_\_\_ No

If yes, give complete details, including date(s), location(s), and situation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all other immediate family members (father, mother, siblings) of both you and your spouse. If deceased, indicate year of death. Attach additional sheets, if necessary.**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number and Name City State Zip

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number and Name City State Zip

**If you currently share a residence with any person(s) other than family member(s) list:**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Length of time living together: \_\_\_\_\_

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Length of time living together: \_\_\_\_\_

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Length of time living together: \_\_\_\_\_

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**EDUCATION**

List all high school, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study. Please add additional pages as needed.

If you are listing colleges/universities, and you did not graduate, indicate the correct number of credit hours you completed.

If you attended a technological or trade school, indicate your course of study; also, indicate if you were awarded a diploma or certificate.

**High School**

High School Name: \_\_\_\_\_

Location (City/State): \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Degree Received?  Yes  No GED Received?  Yes  No  N/A

**Colleges/Universities**

College/University Name: \_\_\_\_\_

Location (City/State): \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Degree Received?  Yes  No If yes, list type: \_\_\_\_\_

Number of Credit Hours Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Location (City/State): \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Degree Received?  Yes  No If yes, list type: \_\_\_\_\_

Number of Credit Hours Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Location (City/State): \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Degree Received?  Yes  No If yes, list type: \_\_\_\_\_

Number of Credit Hours Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

**Name of Fire Academy Attended:** \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Coordinators Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of EMT School Attended:** \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Coordinators Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of Paramedic School Attended:** \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Coordinators Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Have you ever been expelled from any school you have attended for any disciplinary reasons?**

Yes  No If yes, please list:

School Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

**Have you ever been placed on academic probation?**

Yes  No

School Name: \_\_\_\_\_ Dates: \_\_\_\_\_

School Name: \_\_\_\_\_ Dates: \_\_\_\_\_

**School Activities: (Clubs, Sports, Etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**High School/College (circle grade/classification)**

9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Frshmn	Soph	Jr.	Sr.
9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Frshmn	Soph	Jr.	Sr.
9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Frshmn	Soph	Jr.	Sr.

**Positions of Leadership (indicate position/organization/dates held):**

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**Community and/or Volunteer Activities:**

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**Awards, Commendations, or other Items of Special Recognition:**

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**List all licenses/certificates that you have. Provide a copy of each.**

License/Certificate: \_\_\_\_\_ Licensing Authority: \_\_\_\_\_ Date issued: \_\_\_\_\_

License/Certificate: \_\_\_\_\_ Licensing Authority: \_\_\_\_\_ Date issued: \_\_\_\_\_

License/Certificate: \_\_\_\_\_ Licensing Authority: \_\_\_\_\_ Date issued: \_\_\_\_\_

**List any foreign languages that you are proficient in and your degree of fluency:**

Language	Read	Speak	Write	Understand

**MILITARY SERVICE**

**Have you registered with selective service?**  Yes  No When? \_\_\_\_\_

**Has any branch of the armed forces ever rejected you for any reason other than medical, psychological or disability?**  Yes  No  N/A

**Have you ever been a member of any branch of the U. S. Armed Forces?**  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Induction Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Awards (Type and Date awarded):

\_\_\_\_\_

Have you ever been reduced in rank?  Yes  No  N/A If yes, when? \_\_\_\_\_

Reason: \_\_\_\_\_

While a member of the U.S. Armed Forces (active or reservist), were you ever subject of any punishments? ( e.g. Court Martial, Deck Court, Summary Court, General Court, Special Court or Non-judicial Punishment (Article 15).

Yes  No If "yes", explain below:

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Age at Time: \_\_\_\_\_ Type of Punishment: \_\_\_\_\_ Disposition/Punishment: \_\_\_\_\_

Explain: \_\_\_\_\_

Last Duty Station: \_\_\_\_\_

Name of Commanding Officer: \_\_\_\_\_

Are you currently a member of a U.S. Reserve or National or State Guard Organization?

Yes  No

Branch of Service: \_\_\_\_\_ Grade & Service #: \_\_\_\_\_

Are you:  Inactive  Standby

Organization/Station/Unit and Location: \_\_\_\_\_

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**ARREST, DETENTIONS & ILLEGAL ACTIVITES**

All applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant if job related, but does not necessarily bar an applicant from employment.

**Have you ever been convicted of any crime, or received deferred adjudication, community supervision or probation for any offense including driving while intoxicated or driving while under the influence, or any non-traffic-related offense? This includes receiving a citation, paying a fine, or any other penalty for anything in reference to a non-traffic-related offense.**

Yes  No

**List all occasions you have been stopped, detained, searched, charged, issued a misdemeanor citation, given a sobriety test or questioned by the police for any reason other than a routine traffic stop.**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Arrested:  Yes  No Citation:  Yes  No

Offense(s) charged/Investigated: \_\_\_\_\_

Disposition: \_\_\_\_\_

Brief Explanation: \_\_\_\_\_

**Have you ever had charges dismissed under a plea bargain?**  Yes  No

**Are you currently waiting or under indictment for a pending criminal offense?**  Yes  No

**Have you ever been summoned to any court of law other than as a jury member?**  Yes  No

**Have you ever been placed on probation? (Includes unadjudicated, informal, formal, supervised, or unsupervised.)**  Yes  No

If yes, explain: \_\_\_\_\_

**Have any members of you immediate family ever been arrested or convicted of a criminal offense?**  Yes  No

If yes, indicate family member and charge:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Offense: \_\_\_\_\_ Disposition: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Offense: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Have you ever committed an act of indecent exposure (deliberately exposing your genitals in public)?**

Yes  No

If yes, explain: \_\_\_\_\_

**Have you ever committed any sexual act in public?**

Yes  No

If yes, explain: \_\_\_\_\_

**Have you ever deliberately damaged or destroyed anyone's property?**

Yes  No

If yes, explain: \_\_\_\_\_

**Have you ever entered or remained on someone's property without permission (i.e. criminal trespass)?**

Yes  No

If yes, explain: \_\_\_\_\_

**Have you ever been involved in, or accused of, any acts of disturbing the peace, including but not limited to fighting in public, cursing in public, threatening another in public, shouting or yelling in public?**

Yes  No

If yes, explain: \_\_\_\_\_

**Have you ever participated in theft of any state, city, or commercial utilities, water, gas, cable/satellite, or electricity?**

Yes  No

If yes, explain: \_\_\_\_\_

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**PERSONAL DECLARATIONS (Since 17-years of Age): DRUG AND ALCOHOL USAGE**

**Drug use covers all descriptive terms used to describe the ingestion of any illegal or non-prescribed usage of the listed types into a person's system. Please indicate what illegal or non-prescribed substance you have ingested.**

Substance Name	Yes	No	Date of First Use	Date of Last Use	Approximate Number of Times Used	In what ways have you possessed the substance (experimented, sold, etc.). Please explain and include The location (state) in which it was possessed/used.
PCP (Angel Dust)						
Marijuana						
THC (Hashish)						
LSD						
Peyote						
Mescaline						
Heroin						
Cocaine						
Quaaludes						
Downers						
Tranquilizers						
Amphetamines/ Methamphetamines Speed/Crank						
Biphetamine						
Ecstasy/XTC Ice						
Preludin						
Dilaudid						
Talwin/PBZ						
Inhalants (glue/paint)						
Mushrooms (Psilocybin)						
Designer Drugs						
GHB						
Anabolic Steroids						
Rohypnol (date-rape drug)						
Bath Salts						
Others						

Comments: \_\_\_\_\_

\_\_\_\_\_

**Have you ever been involved in the sale or delivery of a controlled substance?**  Yes  No

**Have you ever transported any controlled substance?**  Yes  No

**Have you ever participated in the manufacturing of any controlled substance?**  Yes  No

**Have you ever cultivated or grown any illegal substance?**  Yes  No

**Have you ever bought any controlled substance?**  Yes  No

**Have you ever inhaled paint, glue, etc. with the intent to get high?**  Yes  No

**Have you ever abused any prescribed medication?**  Yes  No

**Have you ever lied to a doctor in order to get a prescription drug?**  Yes  No

**Do you use illegal or non-prescription drugs?**  Yes  No

**Have you ever been under the influence of illegal or non-prescription drugs during work, in violation of a company policy or procedure?**  Yes  No

**Have you ever taken prescription medication not prescribed for you?**  Yes  No

If yes, what type? \_\_\_\_\_ From whom (relationship): \_\_\_\_\_ Date Taken: \_\_\_\_\_

**Did this person know that you were using their medication?**  Yes  No

**Has any member of your immediate family sold illegal drugs?**  Yes  No

If yes, explain: \_\_\_\_\_

**Have others used drugs in your presence?**  Yes  No

If yes, explain: \_\_\_\_\_

**Do you use alcoholic products?**  Yes  No

**Have you ever been under the influence or drank alcohol during work, in violation of company policy or procedures?**  Yes  No

**Have you ever used over the counter medication or products for any purpose other than the prescribed use and/or those listed in the directions; or intentionally, grossly exceeded the recommended dosage?**

Yes  No

**PERSONAL DECLARATIONS (Since 17-years of Age): LITIGATION**

**Other than workers' compensation claims made by you, have you ever been involved in any type of lawsuit (even as a witness)?**  Yes  No

If yes, explain: \_\_\_\_\_

**Other than workers' compensation claims made by you, have you ever sued anyone?**  Yes  No

If yes, explain: \_\_\_\_\_

**Have you ever been sued?**  Yes  No

If yes, explain: \_\_\_\_\_

**Have you ever sued anyone?**  Yes  No

If yes, explain: \_\_\_\_\_

**PERSONAL DECLARATIONS (Since 17-years of Age): DRIVING HISTORY**

**How many moving citations have you received in the past five (5) years?** \_\_\_\_\_

**Have you ever driven a motor vehicle, since your 17<sup>th</sup> birthday, without a valid driver's license?**  Yes  No

**Have you ever driven a motor vehicle, within the past three (3) years, without proper insurance?**  Yes  No

**Have you ever had your driver's license suspended?**  Yes  No

If yes, list: Date of Suspension: \_\_\_\_\_ Date Lifted: \_\_\_\_\_

Type of suspension: \_\_\_\_\_

**List, to the best of your memory, all driving citations you have received in the last five (5) years.**

Date	Location	Brief Description	Disposition (Paid, N.G., Etc.)

**List all accidents in which you were involved as a driver:**

Date	Location	Brief Description

**Driving Record (continued)**

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Have you ever had your driver's license placed on probation, suspended, or revoked for receiving an excessive number of traffic violations?  Yes  No

Have you ever had your insurance revoked, due to the number of traffic citations you have received?  Yes  No

Have you ever knowingly driven a motor vehicle, after your driver's license was suspended/or after it had been revoked?  Yes  No

Do you have a valid driver's license in more than one state?  Yes  No  
If yes, list: State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you ever been denied a driver's license for reason other than medical or a disability?  Yes  No

Have you ever been involved in a motor vehicle accident and left the accident scene without identifying yourself?  Yes  No

Have you ever struck an unattended vehicle and left without leaving identification?  Yes  No

Have you ever been the driver of a vehicle involved in an accident after you had been drinking any type of alcoholic beverage or under the influence of illegal drugs?  Yes  No

Have you ever been convicted of driving while intoxicated or driving while under the influence of illegal drugs, in this state or any other state in the last five (5) years?  Yes  No

If yes, list: State: \_\_\_\_\_ Date: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

List your professional work-related membership in-groups, associations, or clubs:

Official Name of Organization	Type (E.g. Trade, Business or Job-Related)	Office(s) Held	Member Since (Date)	Member Through (Date)

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all of the jobs you had since the age of 17. Including all part-time, temporary or seasonal positions. Attach additional pages, if necessary.

A JOB IS ANY POSTION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED!

Current or Most Recent Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Telephone Number: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Time: \_\_\_\_\_

Check the appropriate job description(s):  Full-Time  Part-Time  Temporary  Seasonal

List all position titles and dates held at this employer:

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you ever receive job performance evaluations while at this company?  Yes  No

Did you ever receive any type of discipline?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of final supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you eligible for re-hire?  Yes  No

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employment History (continued)**

Next Most Recent Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Telephone Number: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Time: \_\_\_\_\_

Check the appropriate job description(s):  Full-Time  Part-Time  Temporary  Seasonal

List all position titles and dates held at this employer:

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you ever receive job performance evaluations while at this company?  Yes  No  
Did you ever receive any type of discipline?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of final supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you eligible for re-hire?  Yes  No

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Employment History (continued)**

Next Most Recent Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Telephone Number: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Time: \_\_\_\_\_

Check the appropriate job description(s):  Full-Time  Part-Time  Temporary  Seasonal

List all position titles and dates held at this employer:

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you ever receive job performance evaluations while at this company?  Yes  No

Did you ever receive any type of discipline?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of final supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-worker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you eligible for re-hire?  Yes  No

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attach additional sheets, if necessary, with the information listed above for any additional employment history you may have.**

**List any Periods of unemployment since graduating from high school. (A period of unemployment is any time you did not have a job).**

From (mo./yr.): \_\_\_\_\_ To(mo./yr.): \_\_\_\_\_ Length of unemployment: \_\_\_\_\_

Reason for unemployment: \_\_\_\_\_

From (mo./yr.): \_\_\_\_\_ To(mo./yr.): \_\_\_\_\_ Length of unemployment: \_\_\_\_\_

Reason for unemployment: \_\_\_\_\_

From (mo./yr.): \_\_\_\_\_ To(mo./yr.): \_\_\_\_\_ Length of unemployment: \_\_\_\_\_

Reason for unemployment: \_\_\_\_\_

From (mo./yr.): \_\_\_\_\_ To(mo./yr.): \_\_\_\_\_ Length of unemployment: \_\_\_\_\_

Reason for unemployment: \_\_\_\_\_

**Have you ever stolen any money from a place of employment, regardless of the amount?**  Yes  No

If yes, please indicate: Value: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

**Have you ever stolen any equipment, tools, merchandise or supplies from any of your employers, including unauthorized gifts or discounts?**  Yes  No

If yes, please indicate:

Item(s) Taken: \_\_\_\_\_ Value: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

**Have you ever been fired or asked to resign from a job?**  Yes  No

If yes, explain: \_\_\_\_\_

**Have you ever quit a job without giving sufficient notice as required by the employer?**  Yes  No

If yes, explain: \_\_\_\_\_



**PERSONAL REFERENCES**

List five (5) personal references who know you well enough to provide current information about you. Do not list relatives or past/present employers.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ Briefly describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ Briefly describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ Briefly describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ Briefly describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ Briefly describe your relationship with this person: \_\_\_\_\_

**FINACIAL INFORMATION**

**Have you ever had any accounts referred to a governmental body for insufficient funds or other non-payment?**  
(e.g. County Attorney, District Attorney, justice of the Peace, Police, etc.)  Yes  No

If yes, list number of times and locations. \_\_\_\_\_

**Have you ever written checks on a closed checking account?**  Yes  No

**Have you ever had any accounts referred to a collection agency?**  Yes  No  
If yes, list all accounts, amount owed and status of each: \_\_\_\_\_

**Are you currently overdue on any taxes owed the Internal Revenue Service?**  Yes  No

**Have you ever been the subject of any re-possession of vehicles or other property?**  Yes  No

**Do you currently have any debts under another person's name?**  Yes  No

**Are you currently behind on any child support payments?**  Yes  No

If yes, indicate the amount you currently owe and date of last payment: \_\_\_\_\_

This space has been intentionally left blank. Please proceed to the following page.

**RESIDENCES**

List all address (including street, city, state, and zip code) where you have lived for the past 10 years, beginning with your present address. List dates by month and year. If you were renting, list the name of the landlord, or if you were in an apartment complex, list the name of the complex and the apartment manager's name. Provide phone numbers of landlords and apartment complexes. Attach extra sheets if necessary.

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos): \_\_\_\_\_

Address: \_\_\_\_\_

Landlord or manager's name: \_\_\_\_\_

Landlord or manager's phone number: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos): \_\_\_\_\_

Address: \_\_\_\_\_

Landlord or manager's name: \_\_\_\_\_

Landlord or manager's phone number: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos): \_\_\_\_\_

Address: \_\_\_\_\_

Landlord or manager's name: \_\_\_\_\_

Landlord or manager's phone number: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos): \_\_\_\_\_

Address: \_\_\_\_\_

Landlord or manager's name: \_\_\_\_\_

Landlord or manager's phone number: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos): \_\_\_\_\_

Address: \_\_\_\_\_

Landlord or manager's name: \_\_\_\_\_

Landlord or manager's phone number: \_\_\_\_\_

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**EXCLUDING** relatives, provide the name, current address, and phone number of any roommate/person that you live with for more than 30 days. Include the time period which you lived with the person(s).

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos.): \_\_\_\_\_

Address: \_\_\_\_\_

Roommate's Name: \_\_\_\_\_

Roommate's Current Phone Number: \_\_\_\_\_

Roommate's Current Address: \_\_\_\_\_  
Street Number and Name City State Zip

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos.): \_\_\_\_\_

Address: \_\_\_\_\_

Roommate's Name: \_\_\_\_\_

Roommate's Current Phone Number: \_\_\_\_\_

Roommate's Current Address: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos.): \_\_\_\_\_

Address: \_\_\_\_\_

Roommate's Name: \_\_\_\_\_

Roommate's Current Phone Number: \_\_\_\_\_

Roommate's Current Address: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_ Length of residency (yrs. /mos.): \_\_\_\_\_

Address: \_\_\_\_\_

Roommate's Name: \_\_\_\_\_

Roommate's Current Phone Number: \_\_\_\_\_

Roommate's Current Address: \_\_\_\_\_

**Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to do or which might require further explanation?**

Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you or your spouse have a relative currently employed with the City of Bells?**

Yes  No

If yes, list name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**List any other special skills or qualifications you may possess:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any special licenses you hold (such as pilot, radio, operator, scuba, etc.) showing licensing authority, original date of issue and date of expiration.**

License	Date Issued	Expiration Date

**Please list anything that would prevent you from fully performing the duties as a firefighter/paramedic/fire chief employee of a Fire Department, including working weekends, holidays, evenings, or at night?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	



# DISCLOSURE & AUTHORIZATION FOR CONSUMER REPORTS

Please read the following statements carefully.

In connection with my application for employment (including contract or volunteer services) with The City of Cedar Hill ("Company"), I understand consumer reports will be requested by Quick Search ("Agency"). These reports may include names and dates of previous employers, reason for termination of employment, work experience, educational history, accidents, licensure, credit reports, etc., as applicable and allowed by law. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal and civil records, etc., from government and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers, past or current associates of mine, etc.) to gather information regarding my work, character, general reputation, and personal characteristics, and professional or educational qualifications may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

**Authorization: I hereby authorize procurement of consumer and investigative report(s) by Company from Agency. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

This authorization is conditioned upon the following representations of my rights: I understand that I have the right to make a request to the consumer reporting agency: Quick Search ("Agency"), 4155 Buena Vista, Dallas, TX 75204, telephone number (214) 358-2880 ext. 114, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.quicksius.com](http://www.quicksius.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. *Check here:*

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices (by appointment only), which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the FCRA Summary of Rights \_\_\_\_ (initials).

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINTED NAME: \_\_\_\_\_





# Background Supplemental Form

Please read the following statements carefully.

Please answer the following questions truthfully. An affirmative response will not automatically disqualify an applicant. However, intentional fraudulent responses will result in disqualification from employment.

Have you ever been convicted, placed on probation, deferred adjudication, community supervision, or participated in any other pre-trial diversion to avoid prosecution for any felony or misdemeanor offenses (excluding minor traffic offenses and any sealed, expunged, annulled, or erased records)?

Yes       No

If yes, please provide date(s) and details:

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Please list all arrests in the past twelve (12) months, in which charges are pending.

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**Check One:**

- I have no criminal history.
- The full account of all information requested regarding my criminal history is provided above.

**Individualized Assessment:** If you believe that the information above does not adequately reflect the circumstances surrounding the offense or if there is additional information not included elsewhere on this application that you believe the City should be aware of in evaluating your fitness for this position, please provide that information below or in an additional document.

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*I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it may be used in my hiring decision.*

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

**If candidate is a minor (under 18 years of age) the following must be completed by the candidate's parent or legal guardian.**

Parent/Legal Guardian's Printed Name: \_\_\_\_\_

I certify that I am the parent/legal guardian of \_\_\_\_\_, who is a candidate for employment with the City of Bells. I certify that the information contained herein is accurate to the best of my knowledge and I consent on behalf of my legal dependent for consumer reports to be obtained for employment purposes.

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Para información en español, 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 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 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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 consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<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 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (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 Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. 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 United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. 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 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>