



## TOWN OF OCEAN RIDGE GENERAL EMPLOYMENT APPLICATION FOR ALL POSITIONS

FOR TOWN OF OCEAN RIDGE USE ONLY:

<b>Town of Ocean Ridge Employment Application</b>	<b>Date Received:</b>	<b>Human Resources Department 6450 N Ocean Blvd Ocean Ridge, FL 33435</b>
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**In accordance with the provisions of the Americans with Disabilities Act (ADA),  
this document may be requested in an alternate format.**

**INSTRUCTIONS:** Only the applicant can complete and sign this form. This Application will remain active for ninety (90) days. Please answer all questions. **Incomplete applications will not be reviewed.** If you need additional space, use a separate sheet of paper. You may add a resume or attach copies of documents to clarify your background, but resumes will not be accepted in lieu of a fully completed application.

POSITION APPLYING FOR: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Current Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
Available Start Date: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

How did you learn about the job opening?

Are you available to work any shift? Weekends? Holidays? Evenings?

Many full time Town Employees are required to report for work during natural disasters and emergencies such as hurricanes, etc. Are you able to meet this requirement? ☐ Yes ☐ No

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodations? (The job description is available for review upon request)  
☐ Yes ☐ No

If hired, can you provide proof of your identity and eligibility to work in the United States? ☐ Yes ☐ No  
(Proof of work eligibility and identity are required and processed through Form I-9 and E-Verify)

Are you related to anyone presently employed by the Town of Ocean Ridge? ☐ Yes ☐ No

If yes, Name: \_\_\_\_\_

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

Have you previously applied for employment at the Town? ☐ Yes ☐ No

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If "yes", when and for which position? \_\_\_\_\_

Have you ever been employed by the Town of Ocean Ridge? ☐ Yes ☐ No

If yes, complete the following:

Dates previously employed: from \_\_\_\_\_ to \_\_\_\_\_

Position held: \_\_\_\_\_

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

\_\_\_\_\_

### EDUCATION

From Secondary School (High School) and beyond, list the schools you have attended, the dates you attended, and whether or not you graduated or received a degree:

Name and Address of School	Course of Study	Number of Years Completed	Degree Earned

List any licenses or certifications you have that relate to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any of your licenses or certifications ever been suspended, revoked, relinquished or subjected to discipline or investigation by your former employer or the issuing agency or organization?

☐ Yes ☐ No

If yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any job-related professional, technical, or trade associations or organizations in which you are a member.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CRIMINAL HISTORY RECORDS

Applicant Name: \_\_\_\_\_



## TOWN OF OCEAN RIDGE GENERAL EMPLOYMENT APPLICATION FOR ALL POSITIONS

**NOTE:** A criminal history records check and driving record check will be conducted if you receive a conditional offer of employment. Information concerning arrests and convictions may not necessarily disqualify an applicant as the nature of the offense, date and the position for which you are applying will also be considered; however, any applicant who falsifies the application by failing to provide required information will not be hired or, if employed, be subject to dismissal.

Have you ever been convicted of, pled guilty or no contest (*nolo contendere*), or had adjudication withheld to a criminal offense?

☐ Yes ☐ No

\*"Criminal offense" means a criminal law violation for which one of the possible punishments includes imprisonment (in jail or penitentiary), regardless of whether any time is actually served, or being placed on probation.

If yes, explain in detail including fines, convictions, probation, deferred prosecution, jail or prison sentences –including those that occurred while in the military. Also include traffic violations which resulted in fines of more than \$100:

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Date	Offense/Charge	Name/Location of Court	Disposition / Sentence

If the position for which you are applying requires driving as a job duty, do you have a current Florida Driver's License? ☐ Yes ☐ No

Expiration Date: \_\_\_\_\_

Have your driver's license privileges ever been suspended or revoked?

☐ Yes ☐ No

If yes, explain in detail:

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### EMPLOYMENT HISTORY

List below, with the most recent dates first, EACH AND EVERY PLACE in which you were employed for the past ten (10) years. OMIT NONE. Give correct, full addresses. If employment was interrupted by

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military service or unemployment, list those periods in chronological order with other employment history. Include part-time employment. Attach additional sheets if necessary.

### INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Do you have any objection to us contacting your present employer? ☐ Yes ☐ No

If yes, reason: \_\_\_\_\_

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

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

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

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name/Title of your supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

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

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

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name/Title of your supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

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

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

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name/Title of your supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been dismissed or asked to resign from any employment or position you have held?

☐ Yes ☐ No If yes, explain in detail:

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

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## TOWN OF OCEAN RIDGE GENERAL EMPLOYMENT APPLICATION FOR ALL POSITIONS

Have you ever had any disciplinary action taken against you during any prior employment or position you have held?

☐ Yes ☐ No If yes, explain in detail:

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### PERSONAL REFERENCES

Give three (3) references (not relatives, former or present employers, fellow current or prior co-workers, or school teachers) who have known you well for the past (5) years. Relatives are defined as your domestic partner, mother, father, sister, brother, son, daughter, spouse, mother-in-law, or father-in-law. If reference is retired, give former occupation and note retired status. Attach additional sheets if necessary.

1. Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

### MILITARY SERVICE

Have you ever served in the U.S. Military? ☐ Yes ☐ No

If yes, branch: \_\_\_\_\_ Dates of Active Duty: From \_\_\_\_\_ to \_\_\_\_\_

Service / Serial Number: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_

Occupational Specialty: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

1. Are you now or have you ever been a member of a reserve unit of the National Guard?

Applicant Name: \_\_\_\_\_



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☐ Yes ☐ No

If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: \_\_\_\_\_

2. Were you ever disciplined during your military service? ☐ Yes ☐ No

If yes, provide date, place, nature of offense and action taken: \_\_\_\_\_

3. Have you ever served in the Armed Forces of a foreign country? ☐ Yes ☐ No

If yes, provide countries and dates of service: \_\_\_\_\_

### VETERANS' PREFERENCE

**Completion of the Veterans' Preference is voluntary and, if completed, information made confidential by the ADA or other applicable laws will be redacted prior to public disclosure in accordance with Florida's public records laws.**

Are you claiming a Veterans' Preference pursuant to Chapter 295, Florida Statutes? Yes ☐ No ☐

(Veteran's Preference is not available for the following positions: temporary positions without benefits; or, positions requiring Florida Bar membership).

### IF YOU ANSWERED "NO"—STOP HERE.

If you answered "YES", please answer the following questions to identify the basis for your Veterans' Preference claim:

- a. Are you a disabled veteran who has served on active duty in any branch of the U.S. Armed Forces, received an honorable discharge, and established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Dept. of Veterans Affairs? Yes ☐ No ☐
- b. Are you a disabled veteran who is receiving compensation, disability, retirement benefits, or pension pursuant to public laws administered by the U.S. Dept. of Veterans Affairs and the Dept. of Defense? Yes ☐ No ☐
- c. Are you a wartime veteran as defined in Fla. Stat. §1.01(14) who served at least one (1) day during a wartime period (active duty training does not qualify under this provision)? Yes ☐ No ☐
- d. Are you the unremarried widow or widower of a veteran who died of a service connected disability? Yes ☐ No ☐
- e. Are you the mother, father, legal guardian, or unremarried widow or widower of a member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Dept. of Defense? Yes ☐ No ☐

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- f. Are you the spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power? Yes ☐ No ☐
- g. Are you a veteran as defined in Fla. Stat. § 1.01(14) (active duty training does not qualify under this provision)? Yes ☐ No ☐
- h. Are you a current member of any reserve component of the U.S. Armed Forces or the Florida National Guard?  
Yes ☐ No ☐

**IF YOU ARE CLAIMING A VETERAN'S PREFERENCE, YOU MUST PROVIDE DOCUMENTATION AT THE SAME TIME YOU SUBMIT THE APPLICATION AND NO LATER THAN THE CLOSING DATE FOR APPLICATIONS. DOCUMENTATION INCLUDES:**

- (a) Veterans, disabled veterans, and spouses of disabled veterans must submit a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.
- (b) Disabled veterans shall also submit a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability.
- (c) Spouses of disabled veterans shall also submit either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also submit evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
- (d) Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.
- (e) The mother, father, legal guardian, or unremarried widow or widower of a deceased Veteran shall furnish a document from the Department of Defense showing the death of the service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran. The mother, father, or legal guardian shall provide evidence of familial relationship, such as a birth certificate.
- (f) The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the DVA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage such as a marriage certificate. This evidence may be proved by providing a completed Certification of Unremarried Widow or Widower, FDVA form VP-3, incorporated by reference and found at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06985> or document or form that similarly provides evidence regarding such the status.
- (g) The current service member of any active component of the United States Armed Forces who is expected to be discharged or released from active duty service under honorable conditions no later than 120 days after the date that a Statement of Service certification or letter is prepared by the armed forces, shall be treated as a Preference-Eligible applicant. These documents may be provided in lieu of a DD-214 or other documentation which may not be available until active service has ended.

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(h) The current member of any reserve component of the United States Armed Forces may provide a signed memorandum stating he or she is serving honorably from his or her Commander or military human resource personnel, or a completed Certification of Current Member of Reserve Component of the United States Armed Forces or The Florida National Guard, [FDVA form VP-2](http://www.flrules.org/Gateway/reference.asp?No=Ref-06984), incorporated by reference and found at <http://www.flrules.org/Gateway/reference.asp?No=Ref-06984>, signed by an immediate military supervisor. Full-Time duties and operational support assignments in the Reserve Component and the Florida National Guard, for all purposes other than receiving training, are Preference-Eligible for recruitment, hiring, retention, and promotional preferences.

\*If incomplete information is submitted, we will contact you in writing and provide you the opportunity to complete the submission within five (5) business days.

*If you are veterans' preference eligible and a non-preference eligible applicant is hired, you have the right to request an investigation by the Department of Veteran's Affairs by submitting such request to the Florida Department of Veterans' Affairs, Veterans' Preference Coordinator, 11351 Ulmerton Road, Suite 311, Largo, FL 33778. When you have received notice of a hiring decision from us, you must file the complaint within 60 calendar days from the date you receive such notice. If you have not received notice of a hiring decision within forty-five (45) days of the date we received your application or your interview date (whichever is later), you must contact us to determine if the position has been filled by a non-preferred applicant. If we do not respond, you have 60 calendar days from the date you contacted us to file the complaint. It is your responsibility to maintain contact with us to determine if the position has been filled.*

### **CERTIFICATION /AUTHORIZATION**

#### **READ CAREFULLY AND SIGN BELOW**

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application, and that all foregoing entries are true, complete, and correct to the best of my knowledge and belief.

I hereby authorize the Town of Ocean Ridge to verify all information contained herein and I release all past employers and all references from any and all liability for the release of information to the Town of Ocean Ridge.

I understand that all job offers from the Town of Ocean Ridge for positions classified as mandatory-testing or special-risk as referenced in Florida Statute Section 440.102 are conditioned upon successful completion of a health questionnaire and medical examination which includes a drug screen by a Town-appointed physician to determine my ability to perform the essential functions of the job offered. Such exam shall include alcohol/drug testing for which I give consent.

I further understand and agree in advance that I may be summarily discharged if any of the information provided by me during the hiring process contains any misrepresentations, falsifications, or if any material information has been omitted.

I understand that a condition of employment is that I am required to use direct deposit for my payroll.

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Signature of Applicant

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Date signed

Applicant Name: \_\_\_\_\_





## **TOWN OF OCEAN RIDGE GENERAL EMPLOYMENT APPLICATION FOR ALL POSITIONS**

### **NOTICE TO EMPLOYMENT APPLICANTS READ CAREFULLY AND SIGN BELOW**

The Town of Ocean Ridge is an Equal Employment Opportunity Employer. The Town considers applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, sexual orientation, gender identity or expression, genetic information and any other legally protected status. The Town is also a Drug-Free Workplace.

The selection of exceptional personnel is most important to us. Our product is service. To provide high quality services to Ocean Ridge residents the Town strives to competitively hire the person best qualified for each position.

We expect that you will take the time to complete all areas of the application form and sign it. Your application is a public record and can be viewed and/or copied upon request from any person. Individuals who are eligible for public record exemptions due to their current or former public employment must submit the PUBLIC RECORDS EXEMPTION REQUEST to the TOWN OF OCEAN RIDGE Form to the Town Clerk.

Selected candidates will be contacted for an interview. We are unable to give you an accurate time frame in which a decision will be made. If you do not receive a request to schedule an interview, you may assume that you were not selected to interview. Your application will be kept on active file for ninety (90) days. You may apply for another job vacancy posted during this period by notifying the Town Hall.

Offers of employment are contingent upon the selected applicant passing any testing deemed necessary by the Town.

The Town will also conduct the following checks on persons being hired:

- Driver's License check;
- Local, state, and national criminal history records check, which includes obtaining fingerprints;
- Drug testing for all mandatory-testing and all special risk applicants;
- Application information verification;
- Employment verification and reference check; and
- Physical examination.

The Town will also require new hires to complete or provide the following:

- Immigration & Naturalization Form I-9 which shall be submitted through E-Verify;
- Employee loyalty oath provided by Florida Statute Section 876.05; and
- Copies of any required licenses or certifications.

The Town of Ocean Ridge collects the social security number of employees and applicants for employment for the following purposes: identification and verification; background screening; benefit processing, and tax reporting. Social security numbers may also be used as a unique numeric identifier and may be used for search purposes.

Applicant Name: \_\_\_\_\_



**TOWN OF OCEAN RIDGE GENERAL EMPLOYMENT APPLICATION FOR ALL POSITIONS**

***Applicants for Police positions will be required to complete a supplement to this application if selected to move forward in the hiring process after the initial interview.***

If you have any questions, feel free to ask anyone in the Town Hall at (561) 732-2635.

I certify that I have read the above notice; that I have had an opportunity to ask questions about it; that I fully understand this notice and have received a copy.

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Signature of Applicant

Date signed

Applicant Name: \_\_\_\_\_

### **Fair Credit Reporting Act Background Check Disclosure**

In connection with your employment application and for other employment purposes, the Town of Ocean Ridge (the “Town”) may seek background information about you from a consumer reporting agency. This information will be in the form of both consumer reports and investigative consumer reports.

These reports may be obtained at any time after the Town receives authorization from you, including any time during the period of your employment if the Town hires you.

Consumer reports include any written, oral, or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation, and other personal characteristics that is expected to be used for employment purposes. Consumer reports may include credit reports, criminal records, and driving records, among other resources.

Investigative consumer reports include similar information as consumer reports, which are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you.

FDLE, or another consumer reporting agency, will obtain the reports for the Town.

You have the right to request information from the Town about the nature and scope of any investigative consumer report on you that is requested by the Town. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

A summary of your rights under the federal **Fair Credit Reporting Act (FCRA)** is being provided to you with this disclosure.

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:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 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>