

**DOT APPLICATION FOR EMPLOYMENT**

(Please Print)

Position Desired \_\_\_\_\_ Date \_\_\_\_\_  
How did you learn about us?  Advertisement  Friend  Walk-In  Relative  Other \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you over 18 years of age?  Yes  No

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

Have you ever filed an application with us before?  Yes  No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

If yes, please describe \_\_\_\_\_

Are you currently employed?  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? \_\_\_\_\_

Availability:  Full Time  Part Time  Shift Work  Temporary

Can you travel if a job requires it?  Yes  No

Date \_\_\_\_\_

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

I \_\_\_\_\_ agree to immediately notify H & M Wholesale, Inc., if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

**FELONY CONVICTION**

\*Conviction of a felony will not necessarily bar you from employment.

\_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_ Charge \_\_\_\_\_

For purposes of employment with H & M Wholesale, Inc., "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

If yes, please explain.

Have you ever been convicted or pled guilty or no contest to a felony offense?  Yes  No\*

**EDUCATION**

Circle the highest grade completed in school:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

Name and address of last school attended: \_\_\_\_\_

Vocational or Business schools attended: \_\_\_\_\_

List names of friends or relatives now employed by H & M Wholesale, Inc.: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Their place of employment \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT HISTORY FOR LAST TEN (10) YEARS**  
 Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, handicap or other protected status. If applicant is too young to have an employment history going back ten (10) years, include schools attended or whatever applicant was doing.

**CURRENT OR MOST RECENT EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Were you subject U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for each job listed?  Yes  No

**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed?  Yes  No

**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed?  Yes  No

**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed?  Yes  No

**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed?  Yes  No

**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed?  Yes  No

**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed?  Yes  No

**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed?  Yes  No

**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Supervisor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed?  Yes  No

**ACCIDENT RECORD AND TRAFFIC CONVICTIONS**

Include vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**Accident Record** for past 3 years or more (attach sheet if more space is needed) if none, write none.

Dates	Type of Vehicle	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted, forfeited bond, or collateral during the past three (3) years.

Location	Date	Charge	Penalty

(attach sheet if more space is needed)

**Experience and Qualifications - Driver**

Driver	Lenses	State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  
 Yes  No
- B. Has any license, permit, or privilege ever been suspended or revoked?  
 Yes  No

Include a detailed explanation of the facts and circumstances for each denial, revocation or suspension.

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**Driving Experience if none, write none**

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates From To	Approx. No. of Miles (Total)
Straight Truck			
Tractor & Semi-Trailer			
Tractor - Two Trailers			
Motorcoach - school bus			
Other			

List states operated in for last five years.

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If yes, please give details:

Yes  No

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

**DRUG TESTING**

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List special equipment or technical materials you can work with (other than those already shown).

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List courses and training other than those shown elsewhere in this application.

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Show any trucking, transportation, or other experience that may help in your position with this Company.

**EXPERIENCE AND QUALIFICATIONS - OTHER**

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Which safe driving awards do you hold and from whom?

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Show Special Courses or training that will help you as a driver:

**Driving Experience (cont.)**

**YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION**

The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your previous employers.

**THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS**

You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five (5) day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

**THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED**

If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

**THE RIGHT TO REBUT DISPUTED INFORMATION**

If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating employers for the duration of the three (3) year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION**

You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Employer's Representative

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF A CONSUMER REPORT**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

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

Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on a separate document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Social Security Number

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

*This page contains sensitive information. Keep only in secure files, separately from personnel files!*

**BACKGROUND INQUIRY RELEASE**

In connection with my application for employment (including contract for services) with the above named Company or individual, I understand that an investigative consumer report may be requested that will include information as to my character, work habits performance and experience along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you will be requesting information from public and private sources about my workers' compensation inquiries, driving record, court record, education, credentials, credit and references.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the names and address of the agency of the source which provided the information.

I acknowledge that a telephonic facsimile (Fax) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies.

I hereby authorize, without reservation, any law enforcement agency, institution, service bureau, school, employer, reference or insurance company contacted by H & M Wholesale, Inc., and/or its agents, to furnish the information described in the first paragraph.

I understand that the following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print clearly all information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Print other names you have used (including maiden name or previous married name(s) - or any other first name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State where licensed was issued: \_\_\_\_\_

Name as it appears on driver's license: \_\_\_\_\_

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

City, State, Zip (County if known): \_\_\_\_\_

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

Date \_\_\_\_\_

List all previous addresses for the last seven (7) years.  
Address, city, state, zip code and county if known and the length of time at each address.

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

DRUG/ALCOHOL TEST

I understand and agree that the management of H & M Wholesale, Inc., may request that I submit to drug/alcohol testing for illegal drugs/alcohol. Such a test will be conducted by H & M Wholesale, Inc., on the Company premises and/or a recognized testing company that normally conducts such testing as a usual business activity.

I understand that the results of such a drug/alcohol test will not be revealed to anyone except management of H & M Wholesale, Inc.

I understand that H & M Wholesale, Inc., may request a drug test for illegal drugs prior to offering me employment with H & M Wholesale, Inc. I understand that I will no longer be a candidate for hire if I fail to receive an acceptable result from the pre-employment drug test conducted for me or for failure to submit to the requested pre-employment test.

I understand that after I am employed by H & M Wholesale, Inc., I may be discharged for failing to receive an acceptable result from any drug/alcohol test conducted for me or for failure to submit to a requested test. I understand that the Company requests such information as a part of its continuing effort to maintain the highest quality safe work environment.

I have read and understood the above.

_____	Applicant Signature
_____	Print Name
_____	Date
_____	Social Security Number
_____ Signature of Employer's Representative	

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I also certify that I have accounted correctly for my work experience, education and training.

This application for employment shall be considered active for a period of time not to exceed one hundred eighty (180) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment, or dismissal, if employed. I authorize the Company and/or its agents, including consumer and/or credit reporting bureaus, to verify any information contained in this Hiring Packet including, but not limited to, criminal history and motor vehicle driving records (if driving is an essential function of the job). I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand and agree that employment by this Company will be "at will." That is, either I or the Company may end the employment relationship at any time for any reason or for no reason. Also, I understand that no representative of the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.

I further certify that I have no objections to the following conditions concerning my employment:  
1. Submitting to a medical review and an examination by a medical professional chosen by the Company after a conditional job offer has been made and before reporting for work, as determined by the essential functions of the job and Company policy.  
2. Taking a physical agility test if required by the essential functions of a specific position.  
3. Submitting to a drug/alcohol examination when requested by the Company as stated in the Company Drug/Alcohol Testing Policy.  
4. Demonstrating the skill and ability to perform the essential functions of the assigned job.  
5. Available for overtime.  
6. Returning all Company issued items at the time of termination.  
7. Abiding by the rules and regulations of the Company.  
8. Available to work at the prevailing rate at that time, if assigned to another shift, department, or job.  
9. Submitting to a security search when requested by the Company.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Employer's Representative

**OFFICE USE ONLY**

H & M Wholesale, Inc.  
 4150 Hwy. 6 South  
 College Station, Texas 77845

**Process Record**

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_  
 Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_  
 Department \_\_\_\_\_ Classification \_\_\_\_\_  
 (If rejected, summary report of reasons should be placed in file)

This section is to be filled in by responsible officer or company representative.

Supervisor	Good	Fair	Average	Poor	Written Record on File
1. Application					
2. Interview					
3. Past Employment					
4. Written Exam					
5. Road Test					
6. Criminal & Traffic Convictions					

Signature of Interviewing officer \_\_\_\_\_

**Transfers**

From: _____ To: _____	Reason for Transfer _____
Date: _____	
From: _____ To: _____	Reason for Transfer _____
Date: _____	

**Termination of Employment**

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_  
 Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_  
 Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_



**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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave., N.W., Washington, D.C. 20580.

**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 you an 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:

1. a person has taken adverse action against you because of information in your credit report;
2. you are the victim of identity theft and place a fraud alert in your file;
3. your file contains inaccurate information as a result of fraud;
4. you are on public assistance;
5. you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2008 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
  - ◆ **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).
  - ◆ **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.
  - ◆ **Identify theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).
- 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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6, Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street, Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100, Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051