

POLICE OFFICER I

CREATION OF ELIGIBLE LIST

CITY OF SEWARD POLICE DEPARTMENT

**Applications Closing Date:
January 7, 2019 @ 12:00 p.m. (noon)**

POLICE OFFICER I

Seward, NE (pop 7,043) located just west of Lincoln, Nebraska=s State Capital on the I-80 corridor, Nebraska=s Official 4th of July City, the Seward County Seat, Progressive Business District and home to Concordia University.

The City of Seward is seeking highly-qualified applicants for the position of full-time Police Officer I. Currently, the City has one opening for Police Officer I. Salary range \$19.39 to \$25.83/hr plus full benefits. The ideal applicant must have a strong work ethic and values to enforce all State statutes, City ordinances and Federal statutes; and maintain law and order within the City of Seward. Applicants must be at least 21 years of age at time of hire; a U.S. Citizen; graduate of high school or GED equivalent; meet all requirements of entrance to the Nebraska Law Enforcement Training Center basic recruit Academy http://www.nletc.state.ne.us/training_programs.html within the prescribed period of time, or any equivalent combination of training and experience; possess valid driver=s license, pass vision and physical exam, and background.

Individuals claiming Veteran=s Preference must include a copy of DD214 with the application. 5% Certified Preference Credit added to the passing written examination score for individuals holding a current State Certification for Police Officer and who submit a copy of the Certification with the application. Applicant must present copy of: current driver=s license/picture ID and copy of high school diploma or equivalent on day of examination. Written and oral examination will be held on January 23, 2019. No alternative examination date will be offered. Applicants must pass a written exam with a score of 70% to be eligible for the oral interview. Civil Service Commission reserves the right to limit the number who undertake oral interview.

The City is offering a \$3,000 Bonus for valid NLETC certified officers or those certified in another state meeting reciprocity requirements: \$1500 paid upon completion of the City=s Field Training Program, and an additional \$1500 paid after completion of year one of employment.

Application and job announcement available at City Hall, 537 Main St., P. O. Box 38; Seward NE 68434-0038 (402-643-2928) and at City=s website: www.CityofSewardNE.gov. Reasonable accommodations available for persons needing assistance in completing application and should be made at time of application. All positions of employment with the City of Seward are subject to a Veteran=s Preference. The City of Seward is an Equal Opportunity Employer.

Qualified Applicants will submit the application by 12:00 p.m., (noon) Monday, January 7, 2019 to Civil Service Secretary Bonnie Otte, 537 Main St., P.O. Box 38, Seward, NE 68434-0038.

JOB TITLE: POLICE OFFICER I (Hourly: Non-exempt)

ACCOUNTABILITY: Under the direction of the Chief of Police, Police Lieutenant and Police Sergeant, respectively and in compliance with State Statute and City Code.

JOB SUMMARY: Enforces all State statutes, City ordinances and Federal statutes; maintains law and order within the City of Seward.

ESSENTIAL DUTIES AND RESPONSIBILITIES: Operates a police patrol vehicle in patrolling in assigned areas for the prevention of crime and the enforcement of traffic laws and regulations; responds to radio and telephone dispatches and appears at the scenes of disorder or crime; notes and reports traffic hazards; investigates and prepares written reports on accidents, offense and damages to protect the public and maintains order; requests medical assistance when necessary; appears in court as an arresting officer; transports prisoners; investigates crimes; investigates complaints; interviews persons whose actions are suspicious; issues written citations for parking and traffic violations.

SKILLS AND ABILITIES: Knowledge of the technical and operating principals, practices and problems of law enforcement and crime prevention activities; knowledge of the laws governing custody of person(s) search and seizure, rules of evidence; ability to maintain favorable working relationships with city officials and officials of other jurisdictions and the general public; knowledge of the hazards and safety precautions applicable to the work; ability to operate all specialized communications equipment including broadcasting voice messages; one year of experience with various computer programs and functions; ability to sit for extended periods of time on patrol; ability to perform all duties associated with police work including foot patrol, parking patrol, bike patrol, surveillance enforcement and physical apprehension of law violators; ability to get in and out of, and operate standard police patrol vehicles; ability to qualify with all standard issued Police Department firearms per Nebraska Law Enforcement Training Center standards; ability to meet or exceed the Nebraska Law Enforcement Training Center physical standards for basic recruits; ability to work varied shifts, hours and holidays; ability to work under adverse weather conditions (heat-cold-rain-snow) and performs necessary services as assigned.

EXPERIENCE AND TRAINING: Graduation of High School or GED equivalent; ability to successfully enter and complete the Nebraska Law Enforcement Training Center basic recruit Academy within the prescribed period of time, or any equivalent combination of training and experience.

SPECIAL REQUIREMENTS: Possession of a valid drivers license, pass vision and physical exam determining fitness for the above duties.

Updated 9/2001

**APPLICATION
FOR LAW ENFORCEMENT EMPLOYMENT ONLY**

Please type or print in ink only

The City of Seward is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the HR Director for assistance.

Position Applied For _____

Date of Application _____

Last Name	First Name	Middle Initial	
Present Address (Number and Street)	City	State	Zip
Telephone Number(s): Home ()		Cell ()	
Email Address: _____			
You may attach a resume or other related personal qualification information relevant to the job.			
Have you ever been employed with us before?		_____ Yes	_____ No
If yes, provide date(s) _____ to _____ and Department _____			
Are you under 18 years of age?		_____ Yes	_____ No
If you are under the age of 18, you may need to supply the City a work permit or limit your hours to those permitted by law.			
May we contact your current employer?		_____ Yes	_____ No
Can you, after being hired, verify your legal right to work in the United States?		_____ Yes	_____ No
Specify days and hours for which you are available: _____			

Date available to start work? _____

If the job you are applying for requires a valid driver's license, please complete the information below:

Number _____ State _____ Regular _____ CDL _____

Do you have any relatives presently employed by the City of Seward? _____ Yes _____ No

If yes, give names, divisions and relationship: _____

Are you willing to work overtime if required? _____ Yes _____ No

Are you willing to work different shifts, if required? _____ Yes _____ No

Have you been convicted of a felony or misdemeanor in the last seven years? _____ Yes _____ No

(Such conviction may be relevant if job related, but does not necessarily bar you from employment. You are not obligated to disclose any offense for which the record has been sealed. The City of Seward is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.) A criminal history record information check is required by state law.

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

**Start with your current or last job and complete the information below.
(Attach additional sheets if necessary)**

Employer Name	Address (Street, City, Zip)	Employed From	To
Job Title	Supervisor	Supervisor Phone No.	
Starting Wage	Ending Wage	Reason for Leaving	
Summarize nature of work performed			

Employer Name	Address (Street, City, Zip)	Employed From	To
Job Title	Supervisor	Supervisor Phone No.	
Starting Wage	Ending Wage	Reason for Leaving	
Summarize nature of work performed			

Employer Name	Address (Street, City, Zip)	Employed From	To
Job Title	Supervisor	Supervisor Phone No.	
Starting Wage	Ending Wage	Reason for Leaving	
Summarize nature of work performed			

Employer Name	Address (Street, City, Zip)	Employed From	To
Job Title	Supervisor	Supervisor Phone No.	
Starting Wage	Ending Wage	Reason for Leaving	
Summarize nature of work performed			

Have you served in the United States Armed Forces? Yes No
 If yes, please give dates of military service: From _____ To _____
 Branch? _____
 Summarize nature of work performed: _____

If you are a Veteran or the spouse of a 100% disabled Veteran, you may be eligible for Veterans' Preference in the employment process. A Veteran desiring to use a Veterans' Preference shall submit with the application a copy of the Veteran's Department of Defense Form 214 (DD Form 214). A spouse of a Veteran desiring to use a Veterans' Preference shall submit with the application a copy of the Veteran's DD Form 214, a copy of the Veteran's disability verification from the U.S. Department of Veterans Affairs demonstrating a 100% permanent disability rating, a proof of marriage to the Veteran, i.e., a valid marriage license recognized by the State of Nebraska.

Are you claiming Veterans' Preference? Yes No

If yes, a copy of your DD Form 214 must be attached to this application. Veterans who obtain passing scores on all parts or phases of an examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled Veteran.

EDUCATIONAL BACKGROUND
(Attach additional sheets if necessary)

_____	9 _____ 10 _____ 11 _____ 12 _____						
High School Name and Location	(mark highest grade completed)						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Community College</td> <td style="width:33%;">School / Location</td> <td style="width:33%;">Course of Study</td> </tr> <tr> <td>Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2">Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		Community College	School / Location	Course of Study	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College	School / Location	Course of Study					
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Trade School</td> <td style="width:33%;">School / Location</td> <td style="width:33%;">Course of Study</td> </tr> <tr> <td>Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2">Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		Trade School	School / Location	Course of Study	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School	School / Location	Course of Study					
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">College / University</td> <td style="width:33%;">School / Location</td> <td style="width:33%;">Course of Study</td> </tr> <tr> <td>Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2">Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		College / University	School / Location	Course of Study	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University	School / Location	Course of Study					
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Seminars / Other	Please describe						

SPECIAL SKILLS

Computer Skills (please explain your level of proficiency below):

Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the City of Seward.

REFERENCES

(List three individuals familiar with your work ability. Do not include relatives.)

Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

Signature

Date

**JOB APPLICANT'S CONSENT
FOR JOB REFERENCE INFORMATION**

I, _____, hereby give consent to any and all
Applicant's Name Printed
prior employers of mine to provide information with regard to my employment with prior
employers to the City of Seward, Nebraska. Nebraska state law provides that a current
or former employer may disclose with immunity from civil liability the following
information about a current or former employee's employment history to a prospective
employer of the current or former employee upon receipt of written consent from the
current or former employee:

- (i) Date and duration of employment: _____.
- (ii) Pay rate and wage history on the date of receipt of written consent:
_____.
- (iii) Job description and duties: Attach copy of job description.
- (iv) The most recent written performance evaluation prepared prior to
the date of the request and provided to the employee during the
course of his or her employment: Attach copy of the performance
evaluation.
- (v) Attendance information: Attach copy of attendance record.
- (vi) Results of drug or alcohol test administered within one year prior to
the request: Attach copy of test results.
- (vii) Threats of violence, harassing acts, or threatening behavior related
to the workplace or directed at another employee:
_____.

(viii) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation:

_____.

(ix) Whether the employee is eligible for rehire:

_____.

Applicant's Signature

Date (consent valid for six months)

**NEBRASKA REVISED STATUTES
CHAPTER 48. LABOR
ARTICLE 2. GENERAL PROVISIONS**

48-201. Current or former employer; disclosure of information; immunity from civil liability; consent; form; period valid; applicability of section.

(1)(a) A current or former employer may disclose the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

- (i) Date and duration of employment;
- (ii) Pay rate and wage history on the date of receipt of written consent;
- (iii) Job description and duties;
- (iv) The most recent written performance evaluation prepared prior to the date of the request and provided to the employee during the course of his or her employment;
- (v) Attendance information;
- (vi) Results of drug or alcohol tests administered within one year prior to the request;
- (vii) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- (viii) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- (ix) Whether the employee is eligible for rehire.

(b) The current or former employer disclosing such information shall be presumed to be acting in good faith and shall be immune from civil liability for the disclosure or any consequences of such disclosure unless the presumption of good faith is rebutted upon a showing by a preponderance of the evidence that the information disclosed by the current or former employer was false, and the current or former employer had knowledge of its falsity or acted with malice or reckless disregard for the truth.

(2)(a) The consent required in subsection (1) of this section shall be on a separate form from the application form or, if included in the application form, shall be in bold letters and in larger typeface than the largest typeface in the text of the application form. The consent form shall state, at a minimum, language similar to the following:

I, (applicant), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to (prospective employer).

- (b) The consent must be signed and dated by the applicant.
- (c) The consent will be valid for no longer than six months.

(3) This section shall also apply to any current or former employee, agent, or other representative of the current or former employer who is authorized to provide and who provides information in accordance with this section.

(4)(a) This section does not require any prospective employer to request employment history on a prospective employee and does not require any current or former employer to disclose employment history to any prospective employer.

(b) Except as specifically amended in this section, the common law of this state remains unchanged as it relates to providing employment information on current and former employees.

- (c) This section applies only to causes of action accruing on and after July 19, 2012.

(5) The immunity conferred by this section shall not apply when an employer discriminates or retaliates against an employee because the employee has exercised or is believed to have exercised any federal or state statutory right or undertaken any action encouraged by the public policy of this state.

Source:Laws 2012, LB959, § 1.

- _____ Asian A person having origins in any of the peoples of Hawaii, Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- _____ American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- _____ Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the five races listed above.
-

VETERAN STATUS – please check all that apply:

- _____ No Veteran Status
- _____ Special Disabled Veteran (A) A veteran who is entitled to compensation (or who, but for receipt of military retired pay, would be entitled to compensation) under laws administered by the Dept. of Veteran Affairs for a disability rated at 10 or 20% in the case of a veteran who has been determined to have a serious employment disability OR
- (B) A person who was discharged or released from active duty because of a service-connected disability.
- _____ Vietnam A person who:
- (A) Served on active duty for a period of time more than 180 days, any part of which occurred between 8/10/64 and 5/07/75 and was discharged or released with other than a dishonorable discharge OR
- (B) Was discharged or released from active duty for a service connected disability if any part of such active duty was performed between 8/10/64 and 5/07/75 OR

(C) Served on active duty for more than 180 days and served in the Republic of Vietnam between 2/28/61 and 5/07/75.

_____ Other Protected Veteran

A veteran in one of the following groups:

(A) Veterans who served in a "war";

(B) Veterans whose service in a campaign or expedition for which a campaign badge has been authorized or an expeditionary medal has been awarded.

ATTACHMENT TO EMPLOYMENT APPLICATION
FOR POLICE OFFICER POSITIONS
(Please print and complete in ink)

Seward Civil Service Commission
City of Seward
Seward, Nebraska 68434

I hereby acknowledge that if I am considered for a Police Department position with the City of Seward, a background investigation will be made to determine my suitability to fill the position. I release the City of Seward, Nebraska and past employers for any and all liability under the Federal/State Privacy Act.

Name: _____
Date of Birth: _____ Place of Birth: _____
Social Security No.: _____
The State of _____ issued my drivers license, the number is _____.

I authorize a check of National/State and local Police files to confirm that I have never been convicted of a felony in this or any other State. I understand that my fingerprints may be sent to the Federal Bureau of Investigation to verify that I am not wanted for any criminal offense by any other name:

___ Yes ___ No

I affirm that I have never been dishonorably discharged from the Armed Forces:

___ Yes ___ No

I acknowledge and understand that if hired, my employment shall not be deemed complete until after the expiration of a period of not less than six (6) months after employment and certification by the Nebraska Law Enforcement Academy, during which time the appointing authority may terminate my employment if it deems me unfit or unsatisfactory for service in the Department. Such introductory period may be extended for a period of time not exceeding one (1) year after employment and certification.

___ Yes ___ No

I affirm that I am not a user of illegal drugs, that I have not used illegal drugs within the last two years and that I am not addicted to alcohol:

___ Yes ___ No

I understand, that if selected, I may be required to work shift work, weekends and holidays:

___ Yes ___ No

I will provide a copy of the following if selected for this position:

Birth Certificate

___ Yes ___ No

Social Security Card

___ Yes ___ No

High School Diploma or GED Certificate

___ Yes ___ No

Other certifications as required for the position

___ Yes ___ No

I agree that past employers, friends, and others may be approached about my morals and life style:

___ Yes ___ No

To the best of my knowledge and belief, I am free from all illness and do not have any condition that would preclude me from completing the duties of a Law Enforcement Officer:

___ Yes ___ No

I affirm that I am able to meet all of the requirements as outlined on the Job Description:

___ Yes ___ No

POLICE OFFICER I POSITIONS ONLY:

Do you claim veterans points on the written exam?

___ Yes ___ No

(A credit of 10% shall be granted to each applicant, who served in time of war or in any expedition of the Armed Forces of the United States, including the Army, Navy, Air Force and Marine Corps. The individual must have served 180 consecutive days, not to include training. If you answer yes to this question, attach a copy of your DD Form 214 verifying your honorable service.)

I acknowledge if I have not been previously certified, I will be scheduled to attend the Nebraska Law Enforcement Training Center to satisfactorily complete the Basic Certification Course and that I may be required to sign a promissory note regarding this training if I terminate my employment with the City of Seward within a designated time period:

___ Yes ___ No

By my signature, I acknowledge that the answers provided above are true. If any of the above answers are found to be false, such false information may be grounds for exclusion or termination from employment:

Signature: _____ Date: _____

SPECIAL NOTICE TO ALL APPLICANTS

You will be provided one notice of the date, time, and place of your civil service examination by a notice mailed to you by first class mail to the address listed on your application for employment. If your address changes, it is your responsibility to notify the Secretary/Chief Examiner of such address change. No additional notices will be provided. It is your obligation to contact the Secretary/Chief Examiner of the Civil Service Commission on a periodic basis to verify the examination date. Failure to receive the written notice will not be grounds to request an additional examination date.

**Criminal History Disclosure and
Acknowledgment and Authorization
For Criminal Background Check**

Criminal History Disclosure

Have you been convicted of a felony or misdemeanor in the last seven years?

_____ Yes _____ No

(Such conviction may be relevant if job related, but does not necessarily bar you from employment. You are not obligated to disclose any offense for which the record has been sealed. The City of Seward is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.)

If yes, please explain: _____

Acknowledgment and Authorization For Criminal Background Check

As a condition of my candidacy for employment with the City of Seward, I understand that the City will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the City of Seward, or any other company authorized by the City, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the City of Seward, or any other company authorized by the City, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

Printed Name: _____

Other Names Used: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____ Drivers License Number and State: _____

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Print or type full name

Date of Birth

This release is being made in conjunction with my application for employment with the City of Seward, Nebraska.

I do hereby authorize a review and full disclosure of any and all records or files (or any part thereof) pertaining to me, including but not limited to the files and records of any school or other educational institution, financial or credit agency, public utility companies, any hospital, clinic, doctor or other medical practitioner, the military or armed forces of the United States, any agency or business pre-employment or employment records and/or personnel files including background investigation reports, results of polygraph examinations or psychological examinations, efficiency ratings, complaints and/or grievances involving me as well as medical examinations, attorneys' files, court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges involving me whether in writing or in electronic media databases.

I further authorize the release of information to the City of Seward, NE personnel concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become employed by the City of Seward, NE, even if the information is not contained in written records and regardless of whether the information is considered privileged or confidential in nature.

I release and hold harmless the City of Seward, NE for all actions taken as a result of the information it receives and/or disseminates. This release of information form, or a duly executed photo copy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

Signature

Date

CITY OF SEWARD, NEBRASKA

AUTHORIZATION FOR RELEASE OF INFORMATION

Disclosure Pursuant to the Fair Credit Reporting Act. The City of Seward may obtain a Consumer Report about you for employment purposes. This Consumer Report may contain information about you including but not limited to the information set forth below. A summary of Your Rights Under the Fair Credit Reporting Act is attached.

I, _____, authorize the City of Seward to check previous employment and / or personal references listed on my application and / or resume. I also give my consent to the City of Seward to obtain the following:

1. Records of educational institutions that I have attended;
2. Driving record, civil litigation, and criminal history records;
3. Employment records from previous employers including evaluations, disciplinary history, complaints or grievances filed by or against me;
4. Pre-employment records from prospective employers;
5. A consumer report that might show financial and credit information, including credit reports and rating; and
6. Records from financial institutions including loan performance, loan officer notes and financial statements.

The above records may be obtained through a variety of agencies / sources, including the internet.

Signature _____

Date _____

Social Security # _____ - _____ - _____

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	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 Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA 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 Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</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 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE 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>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>