



Thank you for choosing Resolve Staffing! You control your destiny; you determine when and where to travel and Resolve Staffing will do everything possible to make your travel dreams a reality! Our application process is divided into three easy steps: Application, Hire Packet, and Benefits. Attached is the Application Packet that will include information regarding your professional background, personal contact information, and travel preferences. Along with the information in this packet please be aware that you must provide legible copies of the following documents:

- **Copy of all active state license(s)**
- **Copy of valid AHA BLS certification cards**
- **Copy of any other specialty specific certification(s) (ie; ACLS, PALS, CNOR, TNCC)**
- **Copy of valid drivers license or identification card (must be notarized)**
- **Copy of social security card**
- **At least two positive professional references.**

**Please return completed documents at your earliest convenience to expedite the hiring process. Please fax all completed information to (866) 561-8803.**

You may also mail the packet to the appropriate office:

- For Per Diem opportunities in Phoenix, AZ and surrounding areas:  
2550 N. Thunderbird Circle Ste 111  
Mesa, AZ 85215
- For Per Diem opportunities in Chicago, IL and surrounding areas:  
211 Airport Drive  
Joliet, IL 60431
- For Per Diem opportunities in Fulton, MO and surrounding areas:  
8025 State Road C  
Fulton, MO 65251
- For Per Diem opportunities in St. Petersburg, FL and surrounding areas:  
9800 4<sup>th</sup> N., Ste 101  
St. Petersburg, FL 33702
- For Per Diem opportunities in Montana:  
151 Trout Creek Road  
Trout Creek, Montana 59874
- For Travel or Oklahoma Per Diem opportunities please mail to our main office:  
1003 Perry Ave  
Perry, OK 73077

Once the documents are received in our office your recruiter will contact you to discuss your interests and all available opportunities. Please feel free to call us if you have any questions toll-free (888) 568-6690.

***On behalf of all the staff at Resolve Staffing Healthcare Division,***

***Welcome!***



# EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

**Name** \_\_\_\_\_  
First Last MI Nickname

**Permanent Address** \_\_\_\_\_  
Street Apt #

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

**Home Phone** ( ) \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_ **Email** \_\_\_\_\_

**Profession** \_\_\_\_\_ **Best time to reach you?** \_\_\_\_\_ **Are you a US citizen?**  YES  NO

**Emergency Contact** \_\_\_\_\_  
Name Relationship Phone

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

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Were you referred by anyone?**  Yes  No **If so, who?** \_\_\_\_\_

**Were did you here about us?**  www.travel-nurse.com  Search Engine (Yahoo/Google)  Co-Worker  Magazine/Journal \_\_\_\_\_  
 Internet Ad  Other \_\_\_\_\_

## PROFESSIONAL INFORMATION

**Specialty** (Please list most current experience first)

\_\_\_\_\_ **Years of Experience** \_\_\_\_\_

\_\_\_\_\_ **Years of Experience** \_\_\_\_\_

\_\_\_\_\_ **Years of Experience** \_\_\_\_\_

**Credentials You Currently Hold**  
(Please include legible copies of all license and certifications)

ACLS  NRP  CNOR  
 CHEMO  PALS  CRRN  
 BCLS/CPR  CEN  TNCC  
 Critical Care  OCN  FA

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**STATE LICENSE** (Please include legible copies of all license.)

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Has your license or certification ever been investigated or suspended?**  
 Yes  No If yes, please explain (use back of page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION BACKGROUND

School \_\_\_\_\_ Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

School \_\_\_\_\_ Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

School \_\_\_\_\_ Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

**List all the computerized charting systems you have experience with:** \_\_\_\_\_

**List all the medication administration systems you have experience in:** \_\_\_\_\_



Have you ever been convicted of a felony or crime?  Yes  No If yes, please explain:  
 \_\_\_\_\_

Have you ever been named as a defendant in a professional liability action?  Yes  No If yes, please explain:  
 \_\_\_\_\_

Have you ever been investigated from federal or state authorities for an alleged violation of a healthcare law?  Yes  No If yes, please explain:  
 \_\_\_\_\_

Have you ever been excluded from participation in a federal healthcare program (i.e. Medicare/Medicaid)?  Yes  No If yes, please explain:  
 \_\_\_\_\_

Is this your first travel assignment?  Yes  No If not, how many travel assignments have you completed? \_\_\_\_\_ Desired Wage \_\_\_\_\_

Please list your geographical preferences: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

When are you available to start? \_\_\_\_\_ What is your shift preference? \_\_\_\_\_

**What is more important to you? Please rank accordingly, 1 being the least important and 10 being the most important.**

_____ High Hourly Wage	_____ Medical Insurance	_____ Housing/Housing Stipend
_____ Travel Allowance	_____ Location of assignment	_____ Bonus (sign-on/completion)

I certify that all of the information provided is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification is discovered, it will constitute grounds for dismissal. I hereby authorize you and your agents to conduct any investigation necessary concerning any part of my background, civil, criminal records, driving records, education records, and any other such information related to the position I am seeking. I consent to and authorize Resolve Staffing Healthcare Division to request, and release any information concerning my previous employment, educational history, character, general reputation, and background information in connection with an application for employment. I release and forever hold harmless any and all parties from any liability in connection with the provision and use of such information.

I am also aware that certain contracting Associations and/or Facilities, in which I may perform Supplemental Staffing duties at, may require access to my medical information on physical limitations or impairments, and other information may be collected and maintained only in accordance with all applicable anti-discrimination laws, including, without limitation, the State’s Labor Code, the Rehabilitation Act of 1974, and the Americans with Disabilities Act of 1991. Additionally, if employed by Resolve Staffing Healthcare Division, any compensation, expense reimbursement, and benefits are solely responsible to be paid to me by Resolve Staffing Healthcare Division. By signing below I agree to release the aforementioned medical information as required by contracted Association and/or Facilities, and waive all claims against Association and/or Facilities regarding compensation, expense reimbursement, and benefits.

I understand and agree that, if employed by this organization or its clients, I will abide by the appropriate rules and regulations, of which are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time. I further understand that as a condition of employment through Resolve Staffing Healthcare Division I may be required to undergo a physical examination, including drug screening, to determine my ability to perform the functions of my job with reasonable accommodations.

I, the undersigned, having applied for a position with Resolve Staffing Healthcare Division, do hereby authorize you to provide Resolve Staffing Healthcare Division with the information requested. I hereby authorize my former employers to furnish any or all information, personal or otherwise, which may or may not be recorded. I hereby release all such employers, including their representatives and agents, from all liabilities for any damage whatsoever for furnishing it to Resolve Staffing Healthcare Division.

Applicants Name (Please Print Full Name) \_\_\_\_\_ Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_

1003 Perry Ave.  
Perry, OK 73077

Toll Free: 866-336-6100  
Fax: 866-336-6400

Visit us on the web:  
www.travel-nurse.com



### EMPLOYMENT HISTORY

Are you currently employed?  Yes  No

Please start with most recent employer and provide information from the last seven years.

Hospital Name:	_____	City:	_____	State:	_____		
Dates Employed:	_____ to _____	Hospital Type:	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-teaching	Was this a travel assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:	_____	Position Held:	_____	Hourly Wage:	_____		
Number of beds:	_____	Unit:	_____	Number if beds in Unit:	_____	Avg. Patient Ratio:	_____
Type of Nursing:	<input type="checkbox"/> Staff <input type="checkbox"/> Pool <input type="checkbox"/> Per Diem	Charge Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What shift did you work:	_____		
Supervisors Name:	_____	Phone:	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Hospital Name:	_____	City:	_____	State:	_____		
Dates Employed:	_____ to _____	Hospital Type:	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-teaching	Was this a travel assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:	_____	Position Held:	_____	Hourly Wage:	_____		
Number of beds:	_____	Unit:	_____	Number if beds in Unit:	_____	Avg. Patient Ratio:	_____
Type of Nursing:	<input type="checkbox"/> Staff <input type="checkbox"/> Pool <input type="checkbox"/> Per Diem	Charge Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What shift did you work:	_____		
Supervisors Name:	_____	Phone:	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Hospital Name:	_____	City:	_____	State:	_____		
Dates Employed:	_____ to _____	Hospital Type:	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-teaching	Was this a travel assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:	_____	Position Held:	_____	Hourly Wage:	_____		
Number of beds:	_____	Unit:	_____	Number if beds in Unit:	_____	Avg. Patient Ratio:	_____
Type of Nursing:	<input type="checkbox"/> Staff <input type="checkbox"/> Pool <input type="checkbox"/> Per Diem	Charge Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What shift did you work:	_____		
Supervisors Name:	_____	Phone:	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Hospital Name:	_____	City:	_____	State:	_____		
Dates Employed:	_____ to _____	Hospital Type:	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-teaching	Was this a travel assignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:	_____	Position Held:	_____	Hourly Wage:	_____		
Number of beds:	_____	Unit:	_____	Number if beds in Unit:	_____	Avg. Patient Ratio:	_____
Type of Nursing:	<input type="checkbox"/> Staff <input type="checkbox"/> Pool <input type="checkbox"/> Per Diem	Charge Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	What shift did you work:	_____		
Supervisors Name:	_____	Phone:	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Hospital Type:  Teaching  Non-teaching Was this a travel assignment?  Yes  No  
Reason for leaving: \_\_\_\_\_ Position Held: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Number of beds: \_\_\_\_\_ Unit: \_\_\_\_\_ Number if beds in Unit: \_\_\_\_\_ Avg. Patient Ratio: \_\_\_\_\_  
Type of Nursing:  Staff  Pool  Per Diem Charge Experience:  Yes  No What shift did you work: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact?  Yes  No

Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Hospital Type:  Teaching  Non-teaching Was this a travel assignment?  Yes  No  
Reason for leaving: \_\_\_\_\_ Position Held: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Number of beds: \_\_\_\_\_ Unit: \_\_\_\_\_ Number if beds in Unit: \_\_\_\_\_ Avg. Patient Ratio: \_\_\_\_\_  
Type of Nursing:  Staff  Pool  Per Diem Charge Experience:  Yes  No What shift did you work: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact?  Yes  No

Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Hospital Type:  Teaching  Non-teaching Was this a travel assignment?  Yes  No  
Reason for leaving: \_\_\_\_\_ Position Held: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Number of beds: \_\_\_\_\_ Unit: \_\_\_\_\_ Number if beds in Unit: \_\_\_\_\_ Avg. Patient Ratio: \_\_\_\_\_  
Type of Nursing:  Staff  Pool  Per Diem Charge Experience:  Yes  No What shift did you work: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact?  Yes  No

Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Hospital Type:  Teaching  Non-teaching Was this a travel assignment?  Yes  No  
Reason for leaving: \_\_\_\_\_ Position Held: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Number of beds: \_\_\_\_\_ Unit: \_\_\_\_\_ Number if beds in Unit: \_\_\_\_\_ Avg. Patient Ratio: \_\_\_\_\_  
Type of Nursing:  Staff  Pool  Per Diem Charge Experience:  Yes  No What shift did you work: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact?  Yes  No



**PRE EMPLOYMENT MEDICAL SCREENING**

Please provide documentation of each of the following immunizations or lab results as appropriate:

MMR Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mumps Titer Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_

Rubella Titer Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_

Rubeola Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rubeola Titer Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_

Varicella Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Varicella Titer Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_

Hep B Series 1<sup>st</sup> Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2<sup>nd</sup> Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 3<sup>rd</sup> Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hep B Titer Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_

Smallpox Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Smallpox Titer Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_

Tetanus Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TB Skin Test Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_

Chest X-ray Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_  
(If positive skin TB test)

**IF positive TB skin test results a TB Questionnaire must be completed and signed by physician.**

**HEPATITIS B VACCINE DECLINATION**

The following statement of declination of Hepatitis B Vaccination must be signed the applicant/employee who chose not to accept a vaccine. The statement can only be signed by the applicant/employee following appropriate training regarding Hepatitis B, Hepatitis B Vaccination, the efficacy, safety, method of administration, and benefits of vaccination. The statement is not a waiver; employees can request and receive the Hepatitis B Vaccination at a later date if they remain occupationally at risk for Hepatitis B.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me; however, I decline the Hepatitis B Vaccination at this time. I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

**The reason I have chose to decline the Hepatitis B Vaccination is:** \_\_\_\_\_

**VARICELLA HISTORY**

Please check one of the following statements:

- I have been vaccinated for Chicken Pox. (Provide immunization documentation)
- I have had Chicken Pox.
- I have never had Chicken Pox.
- I have not had Chicken Pox, but I may have cared for a person with Chicken Pox.

**SMALL POX HISTORY**

Please check one of the following statements:

- I have never been vaccinated for smallpox.
- I have been vaccinated for smallpox. (provide documentation)

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**INQUIRY RELEASE**

In connection with, and for the duration of my employment (or independent contract for services) with \_\_\_\_\_ (Company), I understand that investigative background inquiries are to be made by Company or its third-party designee on myself including consumer, criminal, driving, and other reports. These reports will include information as to my creditworthiness, character, work habits, performance and experience along with reasons for termination of past employment from previous employers. These reports and records will be used for the purposes of making hiring decisions or investigating certain incidents. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. The aforementioned reports, records and information are hereinafter referred to as "Background Information".

To the extent such inquiries and requests of Background Information constitute "Consumer Reports" under the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.*, then such inquiries and requests of information shall be in compliance with the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.* (the "FCRA"), to the extent applicable. Pursuant to Section 606(b) of the FCRA, I may make a written request to you within days of the date of this release to make a complete and accurate disclosure of the nature and scope of any investigation which may be governed by the FCRA. You will make the disclosure in writing mailed, or otherwise delivered, to me not later than five (5) days after the date you receive my request for such a disclosure. If a decision not to employ, continue employment, or contract for services is contemplated because of the contents of a Consumer Report governed by the FCRA, then pursuant to Section 604(b)(3), I will receive a free copy of such Consumer Report and a summary of my rights as a consumer under the FCRA, a copy of which is attached hereto.

I understand and agree that the Background Information is of material importance to Company and that if I have given any false information, or I have omitted any material facts under any circumstances, I may not be hired, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations, in the sole and absolute discretion of Company.

I hereby request that all references listed on my application, or the custodians of the Background Information, give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise, to Company and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to Company or third party designee.

I authorize, without reservation, any party or agency contracted by Company to furnish the above mentioned information:

**PLEASE PRINT**

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(First) (Middle) (Last) (Maiden Name or Alias)

Current Address:
------------------

City	State	Zip
------	-------	-----

Date of Birth	Social Security Number
---------------	------------------------

Driver's License Number	State Issued
-------------------------	--------------

Applicant's Signature	Date
-----------------------	------

(MM/DD/YYYY)

\_\_\_\_\_ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you by Credential Check at the address listed above.

**CREDENTIAL CHECK CORPORATION**

575 East Big Beaver Road, Suite 300, Troy, Michigan 48063-1300 USA Tel: (888) 689-2000 Fax: (877) 689-1500 www.credentialcheck.com



## **NOTICE OF CONSUMER RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **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 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 file;
  - 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, by September 2005 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 <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 1-888-567-8688.
- **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.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 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