



# Employment Application

Titan PetroServices, LLC – Equal Employment Opportunity and Drug-Free Employer  
6100 E. Interstate 20 Midland, Texas 79706 (432) 699-0000

This application was designed for use with several types of positions throughout Titan PetroServices, LLC. Some questions may not be completely applicable to the position for which you are applying. You need not answer questions, but if you choose to do so, Titan PetroServices, LLC will not consider this information in the hiring process. **Fill in all blanks if not applicable put N/A or NONE.**

**Application must be filled out in blue or black ink.**

Today's Date:				Position(s) Applied for:			
Last Name:		First Name:		Middle Name:		Maiden/Former Names:	
Address:			City:		State:		Zip Code:
Day Telephone Number:		Cell Phone Number:		Social Security Number:			

Have you been employed with Titan PetroServices, LLC before? Yes \_\_\_ No \_\_\_ Date/Location: \_\_\_\_\_

Have you ever applied for a position with TPS before? Yes \_\_\_ No \_\_\_ Date/Location: \_\_\_\_\_

List special skills or training which might qualify you for the position you are applying: \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_ No \_\_\_

Date you can start employment? \_\_\_\_\_ Are you under 18 years of age? Yes \_\_\_ No \_\_\_

Do you require reasonable accommodations to perform any functions of the job duties you are applying for? Yes \_\_\_ No \_\_\_

Have you ever pleaded guilty to, or been convicted of a crime, placed on probation, or received deferred adjudication, or judgement for a felony offense? If yes, please explain: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

(Answering yes to this question does not necessarily exclude you from employment. Due consideration is given to circumstances surrounding convictions, probation, or deferred adjudication.)

Do you have any relatives, family members, or friends employed with Titan PetroServices, LLC? Yes \_\_\_ No \_\_\_

If yes, please list their name(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

What are your salary requirements? \_\_\_\_\_ Can you meet attendance requirements? Yes \_\_\_ No \_\_\_

Are you available to work: Full time \_\_\_ Part time \_\_\_ Temporary \_\_\_ Shift work \_\_\_

Are there any hours you cannot work? Yes \_\_\_ No \_\_\_ If yes, what hours? \_\_\_\_\_

If overtime is required, will you be willing and able to accommodate? Yes \_\_\_ No \_\_\_

If no, please explain: \_\_\_\_\_

If travel is required, will you be willing to accommodate? Yes \_\_\_ No \_\_\_

If no, Please explain: \_\_\_\_\_

### Previous Address

### List addresses for the last three years

Address:		City:		State:		Zip Code:	
Address:		City:		State:		Zip Code:	
Address:		City:		State:		Zip Code:	
Address:		City:		State:		Zip Code:	

### Referral Source:

Titan PetroServices, LLC Employee, Name: \_\_\_\_\_ Employment Agency, Name: \_\_\_\_\_  
\_\_\_ Advertisement \_\_\_ College Recruit \_\_\_ Walk In, Mail In \_\_\_ Job Fair



Education

High School

College/University

Business/Technical

School Name/ Address/ City/State/Zip												
Check Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma, Degree, Major, and/or Course of Study												
Describe any specialized training, apprenticeships, skills or extra-curricular activities: _____												
Describe any honors or awards you have received: _____												
Give any other information that might be helpful to us in considering your application: _____												

References

Give name, address and telephone number of two (2) work-related or professional references. (No relatives)

Name: _____	Title/Occupation: _____	Area Code/Telephone Number: (____) _____
Company: _____	Complete Address: _____	
Name: _____	Title/Occupation: _____	Area Code/Telephone Number: (____) _____
Company: _____	Complete Address: _____	

Past Employment

Fill out this sectioning its entirety, even if similar information is included in your resume. List your current or most recent employer first. Account for employment experience for past 10 years, including military service. Please attach separate sheets, if necessary.

Current or Most Recent Employer

Company Name: _____	Address: _____
City: _____ State: _____ Zip Code: _____	
Telephone Number: _____	Position Held: _____ Supervisors Name & Number: _____
Starting Date: _____ Ending Date: _____	Starting Rate: _____ Ending Rate: _____
Describe Duties: _____	
Reason for Leaving: _____ May we contact this employer? Yes ___ No ___	

Previous Employer

Company Name: _____	Address: _____
City: _____ State: _____ Zip Code: _____	
Telephone Number: _____	Position Held: _____ Supervisors Name & Number: _____
Starting Date: _____ Ending Date: _____	Starting Rate: _____ Ending Rate: _____
Describe Duties: _____	
Reason for Leaving: _____ May we contact this employer? Yes ___ No ___	

Previous Employer

Company Name: _____	Address: _____
City: _____ State: _____ Zip Code: _____	
Telephone Number: _____	Position Held: _____ Supervisors Name & Number: _____
Starting Date: _____ Ending Date: _____	Starting Rate: _____ Ending Rate: _____
Describe Duties: _____	
Reason for Leaving: _____ May we contact this employer? Yes ___ No ___	



Previous Employer

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Position Held: \_\_\_\_\_ Supervisors Name & Number: \_\_\_\_\_  
 Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Rate: \_\_\_\_\_ Ending Rate: \_\_\_\_\_  
 Describe Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

MVR Information

Driving Experience: \_\_\_\_\_  
 Valid driver's license number and issuing state: \_\_\_\_\_ Class: \_\_\_ Expires: \_\_\_\_\_  
 Do you have a health certificate which confirms your ability to have a commercial driver's license (CDL)? Yes \_\_\_ No \_\_\_  
 List states operated in for the last five years: \_\_\_\_\_  
 Has your license ever been revoked/suspended? Yes \_\_\_ No \_\_\_ Date of Birth: \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

DOT Drivers Only Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Tractor-Two Trailer	_____	_____	_____	_____
Motor coach-School Bus	_____	_____	_____	_____
Other	_____	_____	_____	_____

Restrictions: \_\_\_\_\_ (If no driver's license, please check none) None \_\_\_  
 Endorsements: \_\_\_\_\_

List All Accidents for the past 3 years

1 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 2 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 3 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_

List All Traffic Citations for the past 3 years, including the above reported vehicle accidents (use additional sheets if necessary)

1 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 2 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 3 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_

List All Alcohol/Drug Related Driving Offenses (DWI, DUI, Etc.) (use additional sheets if necessary)

1 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 2 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 3 Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Describe: \_\_\_\_\_



**Application Notification**

In connection with and in consideration of my past, present or future employment or the continuation of my employment by Titan PetroServices, LLC. I, undersigned, herby understand, acknowledge, and agree to the following:

I understand and acknowledge this application and any and all forms of employment are not a contract between TPS and myself. If I receive and accept a job offer, my employment will depend upon my satisfactorily passing all pre-employment job specific testing and screening. Including but not limited to. Drug screening and/or medical certification testing prior to a job offer.

I understand that in connection with the application process, TPS may request information from my past employees and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my criminal history, if any. I understand with full knowledge that the documents and information obtained by TPS may include positive or negative facts and opinions that I may believe are true or false. These records are to be obtained and considered by TPS in connection with any and all background information pertaining to my past, present, and future employment.

I understand and agree that if I am employed for a position requiring DOT regulations (truck driver, etc.), that in the event I am excluded from insurance coverage by TPS vehicle insurance carrier, my exclusion no longer qualified me for continued employment if my position at the time of exclusion requires DOT regulations.

**Consent and Authorization to Request and Release Information**

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, or personnel approved by Titan PetroServices to conduct and release urinalysis, blood tests, and/or blood alcohol test prior to and during my employment with Titan PetroServices for the purpose of determining if I have the presence of marijuana, illegal drugs, illegal inhalants, controlled substances, misused prescription drugs or alcohol in my bodily system. I understand and agree that I must have a negative substance abuse drug and or alcohol screening prior to and during my employment. I may also be required to complete and pass a job specific physical agility test and, if applicable, medical certification testing if my current Medical Certification Card has expired, as part of a conditional job offer and employment. Such testing may be performed by an outside testing source or a certified-trained professional of TPS choice and I will be informed of all test results. I further understand that if I refuse to take such test, I may be denied current or future employment.

I UNDERSTAND that information obtained with these authorizations will be used by TPS to determine my eligibility to be employed by or continue to be employed by TPS in accordance with TPS contraband policy.

I authorize and consent to TPS obtaining any and all documents and information regarding my previous employment from my present and past employers, or agent these employers may designate, regarding my employment, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, incidents of dishonesty, failed substance abuse drug or alcohol test, insubordination, violence, criminal history, and/or unsafe, harmful or threatening behavior, including information based upon any and all materials in and out of my personnel files and records.

I RELEASE all information services and all my former employers from all liability for any damages whatsoever that may issue from furnishing any and all information regarding my employment and any other information, whether personal or otherwise that may or may not be on their records, to TPS.

I authorize and consent to TPS to obtain documentation or information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, documentation or information concerning whether such license or certification is in good standing, and any disciplinary or other proceedings concerning such license or certification.

I CONSENT, whether as an employment applicant or as an employee, to complete, sign and date any and all employment applications that are required of me by TPS, and I UNDERSTAND that failure to do so will cause me to be ineligible for employment or will constitute grounds for my dismissal.

**ACKNOWLEDGEMENT**

I HERBY UNDERSTAND, AGREE TO, AND ACCEPT THE TERMS AND CONDITIONS SET FORTH, I FURTHER CERTIFY THE INFORMATION GIVEN BY ME ON THE APPLICATION AND IN THE EMPLOYMENT PROCESS IS TRUE AND CORRECT. I UNDERSTAND ANY MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN REFUSAL TO OFFER ME EMPLOYMENT. OR IF I AM EMPLOYED, TERMINATION OF MY EMPLOYMENT.

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

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

Date Signed: \_\_\_\_\_

**Titan PetroServices, LLC IS AN EQUAL EMPLOYMENT OPPURTUNITY AND DRUG-FREE EMPLOYER**



FMCSR - Investigation and Inquiries to Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: \_\_\_\_\_
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Print Clearly)

I, \_\_\_\_\_, do hereby authorize you to release the following information to Titan PetroServices LLC for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant

Date

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The above named applicant has applied to this company for a position as, \_\_\_\_\_ and states that he/she was employed by you as (position) \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23 we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please fax/mail or email the following information to Titan PetroServices, LLC.

Attention:

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? Yes No
If Yes, what type? Straight Truck Tractor-Semi Trailer Bus Cargo Tank Doubles/Triples
Other (specify)

Reason for leaving your company: Discharged Resignation Lay off Military Duty
Check if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Table with 5 columns: Date, Location, No. of injuries, No. of fatalities, Hazmat Spill. Rows 1, 2, 3.

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23 (d) (2) (ii) ).

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



FMCSA - Applicant Authorization to Release DOT Drug/Alcohol Test Results

(As required by 49 CFR Parts 40.25 and 391.23)

I, \_\_\_\_\_, as the Applicant, understand that as a condition of hire with Titan PetroServices, LLC I must consent to the results of all DOT mandated drug and/or alcohol tests - including refusals to test - from all of the companies for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test during the previous three (3) years.

Below, I have listed all of the companies for which I have worked or pre-employment tested during the past three years. I hereby authorize those companies to furnish, to Titan PetroServices, the following information concerning my DOT drug and alcohol test: (1) all DOT test results of 0.04 or greater; (2) all positive DOT drug test results; (3) All instances in which I refused to submit to any DOT drug and/or DOT alcohol test (refusals including altercating and/or substitute test.); (for other requirements, including follow-up testing, as a result of a violation of DOT drug and alcohol regulations.

Table with 5 columns: Previous Employer Name, Address, Phone Number, Fax Number, Date of Employment

Applicant Certification; I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to Titan PetroServices. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position or DOT pre-employment test during the previous three years. I also understand that I am responsible for all cost associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including cost involving return-to-duty testing and follow-up testing yet to be completed.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant Social Security Number Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with 49 CFR Part 40.25, and meeting the new FMCSA requirements, Titan PetroServices, is required to obtain (and as a previous employer you are required to release) information concerning the above named Applicant's past DOT drug and alcohol test results within the last three years - including refusals to test. Please complete the following:

- 1 Any DOT alcohol test results of 0.04 or greater during the previous three years?
2 Any DOT positive drug test results during the previous three years?
3 Refusal to submit to a DOT required drug / alcohol test?
4 Other violations of DOT drug and alcohol testing regulations?
5 Did a previous employer report a drug / alcohol rule violation to you within the past three years?
6 If "yes" for any of the above items, did the employee complete the return-to-duty process?
7 Check this box if your company and/or the applicant was not subject to DOT regulations.

Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous employer's Company Name Name of Person Completing Form Date



**Form 2**

**\*\*\*\*Important\*\*\*\***

**READ THE FOLLOWING TITAN PETROSERVICES, LLC CONTRABAND POLICY AND AUTHORIZATION AND CONSENT. THEN SIGN AND DATE THE APPLICATION INDICATING YOU UNDERSTAND AND AGREE TO ABIDE BY THESE PROCEDURES AND CONDITIONS.**

**TPS CONTRABAND POLICY FOR EMPLOYEES AND EMPLOYMANT APPLICANTS**

Contraband - includes but is not limited to, marijuana, illegal drugs, illegal inhalants, drug paraphernalia, controlled substances, misused prescription drugs, firearms, ammunition, weapons, explosives, stolen property, and alcoholic beverages.

**POLICY STATEMENT**

This is notify or remind all TPS employees, employment applicants, and employees of other contractors and companies that the contraband possession, use, distribution, or the presence of marijuana, illegal drugs, illegal inhalants, drug paraphernalia, controlled substances, misused prescription drugs, or alcohol in a person's bodily system is not permitted on any TPS property, drilling rigs, work locations, or other facilities. Contraband possession, use, distribution, or the presence of marijuana, illegal drugs, illegal inhalants, drug paraphernalia, controlled substances, misused prescription drugs, or alcohol in a person's bodily system is not permitted on any TPS property, drilling rigs, work locations, or other facilities adversely affects work operations and poses a serious threat to the safety of TPS employees and other personnel.

**SEARCHES, INSPECTIONS AND ANALYSIS**

Entry onto TPS property, drilling rigs, work locations, or other facilities constitutes consent to and recognition of the right of TPS to have authorized personnel conduct searches or inspections of all persons, their personal effects, lockers, baggage, vehicles, and quarters of employees and other personnel for the purpose of determining if any such persons are in possession of contraband.

These searches will be conducted from time to time without prior announcement.

TPS also reserves the right at all times to have authorized personnel conduct urinalysis, blood tests and/or blood alcohol tests of TPS employees for the purpose of determining if any such persons have the presence of marijuana, illegal drugs, illegal inhalants, controlled substances, misused prescription drugs, or alcohol in their bodily system.

Urinalysis, blood tests and/or blood alcohol tests may be required at the following times and used for these purposes;

- A. At the time of a physical;
- B. During a medical examination of present employees that is scheduled by TPS;
- C. When an employee is treated at a medical facility for an injury related to employment with TPS;
- D. For probable cause; or
- E. From time to time without prior announcement.

Any TPS employee who misrepresents facts during a urinalysis, a blood test, a blood alcohol test, or tampers with a urine or blood sample will be immediately suspended from work without pay and benefits pending disciplinary action up to and including discharge. TPS reserves the right to help insure safe working environment for its employees.

Any TPS employee who refuses to submit to a search, inspection, urinalysis, blood test, blood alcohol test, or is found to be possessing or distributing contraband, or has the presence of marijuana, illegal drugs, illegal inhalants, controlled substances, misused prescription drugs, or alcohol in their bodily system without an explanation satisfactory to TPS, will be immediately suspended from work without pay and benefits pending disciplinary action up to and including discharge.

Any other persons having business with TPS who are on TPS property, drilling rigs, work locations, or other facilities, and who refuse to submit to searches or inspections, or who are found to be possessing, using, or distributing contraband without an explanation satisfactory to TPS will not be allowed to remain on TPS property, drilling rigs, work locations or other facilities. Any work being done by such persons will be suspended until such persons are replaced or another company has been hired to complete the work. The employer of such persons will be notified of the violations of TPS policy contraband.

When appropriate, such contraband discovered through TPS authorized searches or inspections will be taken into custody and may be turned over to the proper law authorities.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Titan PetroServices, LLC

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER**

REPORTS For employment purposes, Titan PetroServices, LLC and/or Absolute Background Search, Inc. may obtain consumer reports, or investigative consumer reports, in connection with your employment application or from time to time during employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations (for example, reference checks) conducted by consumer reporting agencies through personal interviews (or through any means in California) on information as to character, general reputation, personal characteristics, or mode of living. You may make a written request for a summary of consumer rights and a disclosure of the nature and scope of an investigation. A disclosure of the nature and scope of such investigation is provided below.

**DISCLOSURE OF NATURE AND SCOPE OF INVESTIGATION FOR INVESTIGATIVE CONSUMER REPORT**

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation: The agency will interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The agency will also conduct a records check of driving, criminal, credit, education, worker's compensation claim history, degrees, professional licenses, and/ or certification records depending on the position. Such a report, as well as any credit report, will be obtained from Absolute Background Search, Inc. I have received a summary of my rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

I authorize Titan PetroServices, LLC and Absolute Background Search, Inc. to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes. In compliance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 2003, Absolute Background Search, Inc. needs my authorization to obtain such a report.

\*\*\* I, \_\_\_\_\_, CERTIFY THAT I HAVE RECEIVED A COPY OF "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" \*\*\*

\*This information will not be used for the purpose of discrimination. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.

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

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Additional Names Used (Maiden): \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Drivers License Number & State (if applicable): \_\_\_\_\_

California Applicants Only In California, if you wish to receive a free copy of any credit report obtained, please indicate by checking this box.   
A summary of the provisions of California Civil Code Section 1786.22 is provided herewith.

Minnesota Applicants Only - -If you are in Minnesota and you desire a free copy of your consumer report, please place an "X" in the box.

New York Applicants Only - - Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

Para informacion en espanol, visit [www.consumerfinance.gov/learnmore](http://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](http://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 identity theft and place a fraud alert in your file;
- ♣ your file contains inaccurate information as a result of fraud;
- ♣ you are on public assistance;
- ♣ you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

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

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures. **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**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](http://www.consumerfinance.gov/learnmore).

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

	<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
1	<p><b>a.</b> Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates <b>b.</b> Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p><b>a.</b> Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 <b>b.</b> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
2	<p>To the extent not included in item 1 above:</p> <p><b>a.</b> National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p><b>b.</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><b>c.</b> Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p><b>d.</b> Federal Credit Unions</p>	<p><b>a.</b> Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9049</p> <p><b>b.</b> Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p><b>c.</b> FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p><b>d.</b> National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3	Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4	Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5	Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6	Air Carriers	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7	Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8	Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9	Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357