

Para informacion en espanol, visite 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 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 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, 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 www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness 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 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.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit 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 800-6136743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
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	

APPLICANT NAME:

POSITION TITLE:

I have received a copy of Summary of Your Rights Under the
Fair Credit Reporting Act _____ (applicant initial here)

C O N F I D E N T I A L
BACKGROUND QUESTIONNAIRE
FOR EMPLOYMENT WITH THE
CITY OF LITTLE ROCK/LITTLE ROCK
CONVENTION AND VISITOR BUREAU

INSTRUCTIONS:

- **Please read through all pages before attempting to complete this document.**
- Fill out this questionnaire completely and accurately. All statements in this questionnaire are subject to verification.
- **ANY FALSIFICATION OR MISSTATEMENT OR OMISSION OF ANY MATERIAL FACT WILL BE SUFFICIENT TO DISQUALIFY YOU FROM EMPLOYMENT OR DISMISSAL IF ALREADY EMPLOYED.**
- If space provided is inadequate, add additional pages and identify the information by title and number.
- Any question that does not pertain to you, please indicate with the letters N/A, meaning Not Applicable.
- Complete ALL spaces provided.
- Do not misstate or omit material facts since the statements made are subject to verification.
- You must sign pages 6 and 7 in the indicated spaces; failure to sign will be sufficient to disqualify you from further consideration.

CITY OF LITTLE ROCK/LITTLE ROCK CONVENTION AND VISITOR BUREAU BACKGROUND INFORMATION FORM

Today's Date _____/_____/_____

FULL LEGAL NAME: _____
LAST
FIRST
MIDDLE

ALIAS(S): _____

NICKNAME(S): _____

MAIDEN NAME: _____

List any other names you have used (in the last 10 years) or been known by, and give reasons for the change (if none, so state).

SOCIAL SECURITY NO.: _____

BIRTH DATE: _____ DRIVER'S LICENSE NO.: _____
MONTH/DAY/YEAR

*STATE: _____

PRESENT ADDRESS: _____
FULL STREET ADDRESS
APARTMENT

ZIP _____ CITY STATE

PHONE: _____
HOME TELEPHONE
MESSAGE TELEPHONE

SPOUSE'S NAME: _____

List your **HOME ADDRESSES** for the previous 7 years, if different from your current address.

DATES		Street Address	City	ST	Zip
From	To				

TRAFFIC VIOLATIONS (including DWI and DUI violations)

THIS SECTION SHOULD ONLY BE COMPLETED IF THE JOB REQUIRES DRIVING A CITY VEHICLE AND THE HIRING DEPARTMENT INDICATES SUCH BELOW:

- This position requires operation of a city vehicle.
Dept representative initials: _____
- This position does not require operation of a city vehicle.
Dept representative initials: _____

If you have been convicted of any **TRAFFIC** Violations within the **Last Five (5) Years** in this State or elsewhere, provide the information requested below for each incident:

Date	Charge	Age at Time	Location City And State	Court/Police Disposition (Fine, Sentence, Release)	Police Agency Involved: City, State, Federal;

CRIMINAL VIOLATIONS

If you have ever been convicted of any **CRIMINAL** Violations of law in this State or elsewhere, provide the information requested below for each incident:

Date	Charge	Age at Time	Location City And State	Court/Police Disposition (Fine, Sentence, Release)	Police Agency Involved: City, State, Fed.

Are you currently on probation? Yes No

If yes, do you regularly check in with your Probation Officer? Yes No

What is your Probation Officer's name and phone number? _____

I hereby certify that my personal history statement and all attachments to it contain no false information and are complete, truthful and accurate to the best of my knowledge. I understand that should an investigation disclose misrepresentation or falsification of any information on this form or its attachments, my application may be rejected, my name removed from an eligible register, and if I am already employed, I may be dismissed from city employment, and I may be disqualified from applying for future employment with the City of Little Rock and LRCVB.

* Signature

Date

The Applicant Must Sign This Document; Failure to Sign Will Be Sufficient to Disqualify You from Further Consideration

Employee Authorization to Release Records

I understand and agree that:

- The information supplied in my application documents, was submitted by myself, and all information is true and correct, to the best of my knowledge.
- False or misleading information given in my application documents and/or interview(s) will be considered as cause for possible dismissal and/or discharge.
- I am to abide by all rules and regulations of the **City of Little Rock/Little Rock Convention and Visitor's Bureau.**
- The **City of Little Rock/Little Rock Convention and Visitor's Bureau** has my authorization to thoroughly investigate my work and personal history.

- The information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures.
- A background check will be conducted to verify the truthfulness and accuracy of the information submitted.
- I will hold no person liable for giving or receiving information in this investigation.

I hereby authorize the **City of Little Rock** to make a thorough check of my past Employment, Education, Credit History, Criminal History, Professional Licensing, Motor Vehicle Record(s), Residence History, and References. I release from liability all persons and employers supplying that information. I release and indemnify the **City of Little Rock** against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Employee/Applicant:

_____ **SS#** - - **(DOB)** : _____ **Name**
 (type or print)

DL#: _____ **State:** _____

SIGNATURE

DATE SIGNED