

CUERO HEALTH

PLEASE NOTE:

If you are applying for a position that requires a **certification, license or registration**, please provide a **copy upon return of the application.**

If you are applying for a position that requires a **degree** and if you are made a **conditional job offer, bring an official transcript** with you when completing the new hire paperwork appointment. This will be necessary to complete the hiring paperwork at that time of your appointment.

The criminal history form **will not** be sent to the manager(s) of the department for the position(s) in which you are applying for.

Thank you!
Human Resources

Date _____

RECRUITMENT

You heard of this available position by which of the methods below?

Cuero Health employee _____

Chamber of Commerce _____

Newspaper, if so which _____

Texas Workforce Commission _____

Cuero Health website _____

Job Fair _____

Phone job opportunities menu _____

Direct contact (personal or mail) _____

Human Resources office _____

Internal Posting _____

Other _____

Cuero Health seeks to employ only people who treat everyone with dignity and respect, and who commit to complying with CH's Behavioral Expectations, Appearance Standards and to providing quality services to our patients and other customers in an empathetic, caring manner. Therefore, before giving you an employment application, and taking your valuable time to complete it, we ask that you do the following:

1. Read carefully the attached copy of the Appearance Standards.
2. Study the attached copy of CH's Behavioral Expectations.
3. Based on what you have learned in steps 1 & 2, decide whether or not you can, without reservation, meet CH's expectations and enjoy working in such an environment. If your response is "no", we thank you for the time you have invested learning about CH and we wish you well in your job search elsewhere. If you can honestly answer "yes" please continue with step #4.
4. By my signature below, I acknowledge that I have completed all the above steps and sincerely believe that CH's environment and expectations are in keeping with my own personal beliefs, values and behaviors.

Printed Name

Signature

Date

Thank you for your time and continued interest in employment opportunities with CH.

CUERO HEALTH's APPEARANCE STANDARDS

These Standards provide written minimum guidelines regarding uniforms and personal appearance within Cuero Health, which assist in creating and maintaining a safe, conservative and professional environment. While these are minimum guidelines for all employees of CH, departmental standards may be more prescriptive at the discretion of the manager.

NAME BADGES

- * A name badge is part of each employee's required attire. Name badges must be visible and facing toward the front at all times while on duty.
- * Name badges must be worn above the waist.
- * Nothing should be attached to the badge; pins, stickers, etc. may be attached to a badge holder.

HAIR

- * Hair shall be clean and neat with no styles that would, by a reasonable standard, invite negative feedback from a customer.
- * Hair may not be dyed unnatural colors (such as green or purple). Bleached hair is acceptable.
- * Hair ornaments, if worn, shall be moderate and in good taste.
- * Shoulder length or longer hair shall be pulled back or covered where there is a health or safety consideration.
- * Well-groomed, clean shaven; trimmed beards, sideburns and mustaches are allowed, but may not interfere with personal protective gear.

DAILY HYGIENE

- * Daily hygiene must include clean teeth, hair, clothes and body, including the use of deodorant.
- * Business attire and uniforms are to be clean, pressed and in good condition.

NAILS

- * Nails must be conservative in length (not to exceed ¼ inch beyond the fingertip) and must be neatly manicured.
- * All healthcare providers/staff who provide direct patient care, directly supervise patient care or have contact with patient care supplies, equipment or food will adhere to the fingernail policy set by infection control.

SCENTS

- * Men and women's scents are permitted if mild and not used to mask body odor.

MAKEUP

- * Makeup should be used to enhance a natural look and should not detract from a person's appearance.
- * Extreme or excessive makeup will not be allowed.

JEWELRY

- * No more than two fingers with rings per hand.
- * A watch.
- * Necklaces and bracelets should be tasteful, not elaborate or excessive, and must not interfere with the employee's work function or be a safety and health consideration.
- * No more than two earrings per ear (no gauges/lobe expanders).
- * Earrings shall not be excessive in size.
- * Body piercing is permitted in ears only; no other visible body piercing is permitted.
- * One brooch (pin).
- * Consult department policy as to regulations and standards.

SKIRTS

- * Skirt/dresses length shall be no shorter than 2 inches above the top of the knee when standing and may not be tight fitting.
- * Skorts will not be permitted.

PANTS

- * No denim pants of any color, except for maintenance and

grounds employees except on Casual Fridays.

- * Athletic wear, shorts, and sweat suits shall not be worn.
- * Spandex or leggings may be worn with a dress or tunic.
- * Appropriate casual slacks may be worn such as: Dockers, Chinos or Lee dress pants.

CASUAL FRIDAY

- * Collar CCH logo and Collar CCHamps shirts may be worn with appropriate casual slacks such as Dockers. No T-shirts
- * Colored denim or denim jeans that are not faded or have holes/distressed will be allowed on Casual Friday.

SHIRTS

- * Shirts shall be buttoned up to the second button from the top.
- * No tank tops, or low cut blouses, or midriff's (short blouses ending before or at the waist) or T-shirts unless layered under garments for warmth.

SHOES

- * Shoes should be kept clean and in good repair. Shoelaces should be clean, in good repair and tied at all times so as not to create a tripping hazard.
- * Heels shall be no higher than four inches. No stilettos.

OTHER

- * Hosiery may be worn at your discretion. Only appropriate socks or hosiery may be worn.
- * Sunglasses are to be worn indoors only if prescribed by a physician or required for the job.
- * Portable, personal audio equipment (headphones or ear buds) are not to be used while on work premises.
- * Hats shall be worn only as part of a uniform, for safety reasons or for religious purposes.
- * The visibility of body graphics, or tattoos, is not permitted. Tattoos must be covered at all times. It is imperative that all employees present a professional image to our patients and visitors.
- * No visible passion marks (i. e. hickies)
- * Revealing clothing is not permitted and proper undergarments shall be worn.
- * No denim will be allowed except on Casual Friday.

UNIFORMED EMPLOYEES/ HS1 EMPLOYEES

- * Each department manager is responsible for providing a uniform dress code policy, reflecting department/job specific requirements, for their staff.

CONTRACT EMPLOYEES

- * Contract employees must also adhere to Cuero Community Hospital appearance standards.

Any requests for an exception to policy due to medical or religious reasons, must be presented to Human Resources with supporting documentation.

CUERO HEALTH'S BEHAVIORAL EXPECTATIONS

It is the responsibility of every Cuero Health's employee to treat all of our customers, patients, families, physicians, co-workers and all outside contacts, with courtesy, dignity, respect, and professionalism. The following are specific expected behaviors and customer service professionalism. The following are specific expected behaviors and customer service performance standards by which all employees are measured in their appraisals:

COURTESY

- *Welcome and/or greet internal and external customers in a professional, polite and respectful way.
- *Greet others in the hallways, elevators and at workstations with kind word or smile.
- *Assist people in finding proper resources for problem resolution.
- *Assist customers in finding their way.
- *Make eye contact; introduce yourself and explain purpose, when appropriate.
- *Listen carefully; do not interrupt; give people your full attention.

RESPECT

- *Respect privacy and dignity.
- *Use a professional and respectful tone of voice.
- *Discuss confidential or sensitive information about customers, employees, or hospital business only with those having a valid need to know and do so privately, never in public places.

RESPONSIVENESS

- *Respond in a timely manner to requests for help.
- *Provide the services or information requested, or find someone who can.
- *Provide a time-frame for providing service and explain delays.

COMMUNICATION

- *Offer information on departmental processes and procedures as appropriate.
- *Invite questions and comments.
- *Communicate with clarity and professionalism both orally and in writing.
- *Keep people informed while resolving issues or getting answers to questions.
- *Arrange for interpretation services patients and families when needed.

TEAMWORK

- *Take responsibility for improving processes and systems; look for new and better ways of doing things.
- *Work as a member of Cuero Community Hospital's team perform duties in a way that make it easier for others to perform theirs.
- *Follow through in meeting deadlines and keeping promises.
- *Work with customers and clients to address complaints, frustrations and service problems.

PROFESSIONALISM

- *Present a positive image.
- *Wear name badge or name tag so the name is clearly visible at all times while on duty.
- *Limit eating and drinking to designated areas.
- *Avoid personal conversations with co-workers when providing patient care or other customer service.
- *Make no inappropriate or negative comment about patients, co-workers, physicians, or any part of Cuero Community Hospital in the presence or within hearing of any internal or external customer.
- *Demonstrate pride in Cuero Community Hospital by keeping areas clean and safe.
- *Demonstrate a professional attitude toward co-workers and customers.
- *Demonstrate an ongoing responsibility and commitment to the job through attendance and punctuality in relation to stated work.
- *Follow appropriate telephone guidelines.
- *Maintain a professional appearance and manner that is appropriate to assignment as well as following Cuero Community Hospital's Appearance Standard Guidelines.



HUMAN RESOURCES

Thank you for your interest in employment with Cuero Health. We will be reviewing your application and comparing your qualifications with the requirements of the position for which you have expressed an interest. If the manager with vacancy is still interviewing, and there is a good match, you will be contacted for a screening interview. Otherwise, we will keep your application active for 30 days.

If we have not contacted you within 30 days, your application will become inactive and kept in our inactive file for an additional 5 months. During this period you can reactivate your application by sending us a letter requesting consideration for another position for which you qualify, and including the date your original application. After this 5-month period, it will be necessary for you to complete a new application, if you wish to reapply.

Again, we appreciate your interest in Cuero Health.

EMPLOYMENT

Provide complete information on all employment (full-time and part-time) during the preceding 10 years or 4 prior employers, whichever is greater. Begin with your current or most recent employment. Describe all periods of employment. Use additional sheets if necessary.

1	Current Employer or Prior Employer if not currently working	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	
	Reason for Leaving: <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to Resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify) _____	

2	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	
	Reason for Leaving: <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to Resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify) _____	

3	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	
	Reason for Leaving: <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to Resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify) _____	

4	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	
	Reason for Leaving: <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to Resign <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify) _____	

(Use Additional Sheets If Necessary)

Have you ever been terminated from employment or asked to resign by any previous employer? If yes, please provide employer, location, dates and describe circumstances. _____

The Hospital contacts former employers to obtain references regarding work history, conduct and suitability for employment. May we contact your present employer at this time? _____ Yes _____ No (reference from present employer is required before hiring).

Do you plan to engage in other work while employed by the Hospital? Yes No
If yes, please indicate employer, position and days/hours of the week employed. _____

List all relatives working at Cuero Health _____

MILITARY SERVICE

Did you serve in the U. S. Armed Forces? Yes No

If "Yes", in what Branch? _____

Describe any military training received relevant to the position which you are applying. _____

LICENSES/REGISTRATION

Do you currently hold all licenses/registrations required for the position for which you have applied? Yes No

If Yes, provide license and number, issuing authority, and expiration date: _____

Has your professional license/registration ever been denied, revoked, suspended or otherwise restricted? Yes No

If yes, please provide information on license/certification action, date and nature of action: _____

CRIMINAL HISTORY

(Conviction of a crime is not an automatic rejection to consideration for employment, except where State law or Hospital policy prohibits employment. Factors such as how this conviction would relate to the position, age and time of occurrence, the seriousness and nature of the circumstances will be considered.)

At any time have you ever pled guilty, nolo contendere (no contest) or been convicted of any criminal offense (misdemeanor or felony) other than speeding or parking tickets? Yes No

If yes, provide complete information on all criminal offense(s), date(s), location(s) (city and state) and disposition: _____

(use additional sheets if necessary)

Have you at any time served any of the following for any criminal offense (felony or misdemeanor)? (Check all that apply) If the alternative disposition you received is not specifically listed below, you MUST disclose it by checking the last option and specifically describing the program. Failure to disclose any type of alternative disposition will be considered falsification and will result in your ineligibility for employment.

- | | |
|--|--|
| <input type="checkbox"/> pretrial diversion | <input type="checkbox"/> conditional discharge |
| <input type="checkbox"/> suspended sentence | <input type="checkbox"/> community-based punishment |
| <input type="checkbox"/> shock/challenge incarceration | <input type="checkbox"/> unconditional discharge |
| <input type="checkbox"/> probation (any type) | <input type="checkbox"/> pretrial intervention |
| <input type="checkbox"/> community control./supervision | <input type="checkbox"/> pretrial release |
| <input type="checkbox"/> deferral/diversion of prosecution | <input type="checkbox"/> restorative justice program |
| <input type="checkbox"/> deferred adjudication | <input type="checkbox"/> indeterminate commitment |
| <input type="checkbox"/> postponed judgment | <input type="checkbox"/> supervised release |
| <input type="checkbox"/> any other type of alternative, deferred suspended, postponed or conditional prosecution, adjudication, disposition, sentence, program or release (describe type): _____ | |

If yes, provide complete information on the criminal offense, current status of program and expected date of completion: _____

(use additional sheets if necessary)

Has any conviction, guilty plea, no contest plea, or other criminal disposition been expunged from court records? Yes No

If yes, provide complete information on criminal offense(s), location, court and date(s) of expungement: (use additional sheets if necessary) _____

Have you ever been convicted (found guilty) of a crime involving the Medicare or Medicaid program? _____Yes _____No

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I verify that all of the information on this application and exhibits and resumes is true, correct and complete. I have not withheld any information requested by Cuero Health. I understand that false, misleading, incomplete or omitted information will result in rejection of my application or termination from employment, whenever discovered. I authorize all persons and organizations, including but not limited to my former and present employers, personal references and educational institutions, to provide Cuero Health and its agents with complete information they may have concerning my character, education, employment record and suitability for employment with Cuero Health. I will be provided a supplemental notification and authorization if the Hospital elects to conduct a consumer report about me under the Fair Credit Reporting Act or State laws.

This application is not a job offer or employment contract with the Cuero Health for any specific time period. If hired, my employment will be for an indefinite time period and I may resign or be terminated by the Hospital at any time without notice or requirement of cause.

I understand that if employed, I will be required to complete a federal I-9 form and provide verification of my identity and right to work in the United States.

Any conditional employment offer from Cuero Health is subject to successful completion of all hiring requirements, including but not limited to verifying employment/personal references, criminal record, license/certification, driving record (where appropriate), testing for the illegal use of drugs and a post offer.

If employed, I will comply with all Cuero Health policies, rules and procedures.

Date

Applicant's Signature

Mailing Address

Human Resources
Cuero Health
2550 N. Esplanade
Cuero, TX 77954

employ@cuerohospital.org

Fax number

361-275-5829

APPLICANT INFORMATION

FULL NAME _____

Any Other Names Used _____

Email address: _____ (Provide if you prefer to receive information via email)

Social Security No. _____ / _____ / _____ Date of Birth¹ _____ / _____ / _____

Current Address _____ City _____ State _____ Zip _____

Driver's License State _____ No. _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(or for GED – provide state and name when GED received) _____

Campus Name _____ Campus City _____ Campus State _____

Dates of Attendance and/or Graduation _____

Year(s) Attended

Year Graduated/GED Completed

Have you ever been convicted of a crime?* Yes No

Offense _____ County _____ State _____ Date _____

Offense _____ County _____ State _____ Date _____

*To disclose additional criminal history, please provide those details on a separate sheet of paper and attach it to this form.

Please provide all locations where you have resided for the past seven (7) years, starting with your current residence. For additional entries, please attach another sheet of paper.

	City	State	Dates	From:	To:
1.	_____	/	_____	_____	_____
2.	_____	/	_____	_____	_____
3.	_____	/	_____	_____	_____

STATE LAW NOTICES

Minnesota applicants or employees only: You have the right to request in writing from PreCheck, Inc., a complete and accurate written disclosure of the nature and scope of the report(s) requested by the Company. Place an X here _____ for a disclosure to be sent to you.

Oklahoma applicants or employees only: Mark an X here _____ for a free copy of a consumer report if one is obtained by the Company.

California applicants or employees only: Please mark this field _____ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: If an investigative consumer report has been requested by the Company, the name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document. You have the right to inspect and receive a copy of the investigative consumer report by directly contacting the consumer reporting agency, PreCheck, Inc. In connection with the Company's request for the preparation of a consumer report or investigative consumer report about you, the Company has provided you with a copy of Article 23-A of the New York Correction Law. Please mark this field to acknowledge receipt of a copy of Article 23-A: _____.

Maine applicants or employees only: If you are applying for a position in the State of Maine, you may request and promptly receive from the consumer reporting agency copies of all investigative consumer reports about you requested by the Company. The name and address of the consumer reporting agency furnishing the report can be found on the following disclosure and authorization document.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature _____ Date _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

DISCLOSURE & AUTHORIZATION

FULL NAME _____

Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth _____ / _____ / _____

Driver's License State: _____ DL Number: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment or contract for services. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment or contract to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my employment or contract, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature _____ Date _____

CRIMINAL HISTORY INFORMATION

Have you ever (**check all that apply**) (___) pled guilty or (___) pled nolo contendere (no contest) or (___) been convicted of any criminal offense (misdemeanor or felony) other than speeding or parking tickets? ___ Yes ___ No

Have you ever been subject to judicial or non-judicial punishment under the Uniform Code of Military Justice?
 ___ Yes ___ No

If yes, provide complete information on all criminal offense(s), date(s), location(s) (city and state) and disposition:

Offense	Date	Location	Disposition

(use additional sheets if necessary)

Have you **EVER** served any of the following for any criminal offense? ___ Yes ___ No (**Check all that apply**)

NOTE: This list of common dispositions is not a complete description of every possible name for alternative sentencing options. Therefore, if the alternative disposition you received is not specifically listed below, you **MUST** disclose it by checking the last option and describing the program. Failure to disclose any type of alternative disposition will be considered falsification and will result in your ineligibility for employment.

- | | |
|---|--|
| ___ pretrial diversion
___ suspended sentence
___ shock/challenge incarceration
___ probation (any type)
___ community control/supervision
___ deferral/diversion of prosecution
___ deferred adjudication
___ postponed judgment
___ any other type of alternative, deferred, suspended, postponed or conditional prosecution, adjudication, disposition, sentence, program or release describe type: | ___ conditional discharge
___ community-based punishment
___ unconditional discharge
___ pretrial intervention
___ pretrial release
___ restorative justice program
___ indeterminate commitment
___ supervised release |
|---|--|

If yes, provide complete information on the criminal offense, status of program and date of completion:

(use additional sheets if necessary)

SUPPLEMENT APPLICATION OR RESUME

Is there any information contained on your application for employment or resume submitted to Cuero Health which should be modified, supplemented or deleted to make your application or resume true, correct and complete? Yes No

If yes, list all supplemental, modified or deleted information and provide explanation:

Acknowledgment

I acknowledge that I have read and understand this form. I verify that the information I have provided is true, correct and complete and contain no omissions. I agree to provide Cuero Health additional information if requested, in order to complete any background check. I understand that false, incorrect, misleading or incomplete information on this form will result in rejection of my application or termination, if employed.

Employee/Applicant Signature

Date

2/19/05

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve employment months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 (202) 326-3761
National Banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after the 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 institutions name)	Office of Thrift Supervision Consumer Programs 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) 518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 (800) 934-FDIC
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

2/19/05