

PERSONAL PROFILE FORM (PS)

FOR DEPARTMENT USE ONLY

Employee's Office Mailing Address and Phone

Street	Building/Room
City	State
Zip Code	Phone

Legal Name: _____
Last
First
Middle

Note: Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.

University ID# _____ (10-digit Employee ID) **Last four digits of Social Security Number** _____

Home Mailing Address (if different from Home Address):

Street	(Apt#)
City	County
State	Zip Code

Foreign Address (required for International employees):

Street	(Apt#)
City	County/Province/Region/Prefecture
Country	Postal Code

Emergency Contact

Name: _____
First
Middle
Last

Address: _____
Street
(Apt#)

_____ State Zip Code

Phone _____ Type (home, cell, work)

Prior Work Experience (list in reverse chronological order)

Dates of Employment From - To	Employer	Country	City	State	Ending Position Title

Professional Education (list all colleges and universities attended)

Country	Degree	Date Aquired	Date Expected	Major	School	State

Licenses and Certifications

License	Issue Date	License #	Issued By	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Major Publications (attach a complete bibliography to this form)

Membership and offices in professional and other organizations _____

Educational or public institutions of which you are a director or trustee _____

Have you ever been convicted of a felony? yes no

Central Offices: The information from this section is kept in hard copy format in central files only.

I certify that all information given on this form is true. I understand that any false statement made herein or omission of convictions or current criminal charges is sufficient reason for rejection of my employment. I further authorize the University to investigate all information provided on this form. I authorize such educational institutions, employers, and others (and their agents or employees) to respond to questions concerning information given on this form and I further release from liability such former employers, institutions, or persons providing such information to the University. I understand that my employment is contingent on the University receiving verification of my credentials and other information required by law.

Signature: _____ Date: _____

Departments: Forms should be submitted to the campus Academic Affairs office.

PERSONAL PROFILE FORM (ED)

[Yellow rectangular box]

Type of appointment: Academic (Includes Resident Interns) Student Academic Staff Hourly

Direct deposit is mandatory for all IU employees. To enroll in direct deposit, visit <https://fms.iu.edu/payroll/general-staff/#DirectDeposit>. If you do not enroll prior to the first paycheck, all payments will be deposited onto a pay card until enrollment is received. This pay card can be obtained from the campus Payroll office.

Indiana University Affiliation (choose one)

Current Employee Former Employee No previous employment with Indiana University

Please provide either University ID or Social Security Number:

University ID# _____ (10-digit University ID) or Social Security Number _____ - _____ - _____

Legal Name _____
Last First Middle Suffix

Note: Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.

Preferred Name _____
Last First Middle Suffix

Passport Name _____
(Non-U.S. Citizens only) Last First Middle Suffix

Birth Date ____/____/____
Month / Day / Year

Sex Male Female

Marital Status Single Married

US Status – MUST choose one. U.S. Citizen Lawful Permanent Resident Other

If not U.S. Citizen, primary country of citizenship _____

Home Address _____
(your legal residence) Street (Apt#) Phone - _____ - _____
City State Zip Code Country

The home address (your legal residence) is necessary for the university to mail tax information (including W2s) and benefit enrollment information (for eligible employees). It is also required for tax reporting to the IRS.

Non-IU email address _____

Ethnic Group

Are you Hispanic or Latino? Yes No

What is your race? Select one or more.

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black/African American:** A person having origins in any of the Black racial groups of Africa
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Military Status

- No Military Service**
- Disabled Veteran:** (i) A veteran of the U.S. military, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Other Protected Veteran:** A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran:** Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Signature _____ Date _____

***Confidentiality** - Under federal law Indiana University is required to collect and report data regarding the sex, racial and ethnic composition and veteran status of its workforce. This information is used for reporting and administrative purposes.*



INDIANA UNIVERSITY - PERSONAL PROFILE FORM (PSA)

Check type of appointment: Academic (Includes Resident Interns) Staff

Legal Name _____
 Last First Middle

University ID# _____ (your 10-digit Employee ID)

Last four digits of Social Security Number _____

Indiana University takes affirmative action to hire and promote persons with disabilities pursuant to section 503 of the Rehabilitation Act of 1973. If you are a person with a disability and wish to be considered under our affirmative action plan you may identify yourself as such by answering the questions below. Completing this form is strictly voluntary and the specific information requested is intended for use solely in connection with our affirmative action plan. Failure to answer these questions will have no negative impact on your employment. The information you provide will be kept confidential in accordance with the Americans with Disabilities Act.

For the purposes of our affirmative action plan a person with a disability is anyone who has a physical or mental impairment that substantially limits one or more major life activity as defined in the Americans with Disabilities Act.

Are you a person with a disability as described above?

Yes _____

No _____

If you answered yes to the above, do you wish to be considered in our affirmative action program?

Yes _____

No _____

Signature _____

Date _____

Departments: Academic appointment forms are submitted to the Campus Academic Affairs Office. Staff and hourly appointment forms are submitted to the campus Human Resource Office.



INDIANA UNIVERSITY

Consumer Disclosure

Indiana University will obtain one or more consumer reports about you for the following purposes: 1) for employment purposes which may include hiring, re-assignment, or promotion; or 2) for any employee, student, or volunteer affiliated with Indiana University who will be working in a program involving children for whom the University has not obtained a background check within the past five years.

Indiana University will obtain these reports through General Information Services, Inc. (GIS), or another consumer reporting agency. GIS's address is P.O. Box 353, Chain, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is www.geninfo.com, where you can find information about GIS's privacy practices.

To prepare the reports, GIS may investigate your address history, social security number validity, criminal records, driving record, and any other publicly held information.

You may inspect GIS's files about you (in person, by mail or by phone) by providing identification to GIS. If GIS obtains any information about you by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name

FOR DEPARTMENT/HR USE ONLY

Department Code: _____ Account Number: _____

Programs Involving Children (PIC) Yes or No

Name of PIC Program _____

Type of Position (Circle one)

Academic Staff Student/Volunteer (non-employee)

Student Temporary Regular Temporary

For IU Academic Departmental Use Only

Date that candidate accepted offer: _____



INDIANA UNIVERSITY

Consumer Report Consent & Authorization

Indiana University requires a background check for the following individuals: i) all new employees, including those that have received a conditional offer of employment; ii) current employees as may be required for continued employment pursuant to the University's Background Check policy; and iii) any employee, student, or volunteer affiliated with the University who will be working in a program involving children, for whom the University has not obtained a background check within the past five years. Indiana University will obtain these reports through General Information Services, Inc. (GIS), or another consumer reporting agency. GIS's address is P.O. Box 353, Chain, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is www.geninfo.com, where you can find information about GIS's privacy practices.

This Consent & Authorization allows: i) GIS to request information about you from any public information source; ii) anyone to provide such information about you to GIS; iii) GIS to provide Indiana University one or more reports based on that information ("Background Check"); and iv) the University to share your Background Check with others for legitimate business purposes related to your affiliation with the University. Information requested may include a criminal history check and a sex offender registry check, as well as verification of address history, social security number validity, driving record and other publicly held information. The Background Check may include information about your character, general reputation, personal characteristics, and mode of living. If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please review the Background Check Consent Statement below *applicable to you*, and provide your signature at bottom.

THIS SECTION APPLIES TO UNIVERSITY EMPLOYEES OR INDIVIDUALS OFFERED EMPLOYMENT WITH THE UNIVERSITY:

- o I understand that an offer of employment from the University for any position is contingent on the receipt and evaluation of my Background Check. In order to facilitate the required Background Check, I will provide the University my social security number and date of birth (if not currently on file). I understand that failure to provide consent or the required information will result in the withdrawal of any offer of employment.
- o I understand that following my initial hire and during the course of my employment, the University may obtain follow-up Background Checks at any time. This consent will apply throughout my employment in any position at Indiana University to the extent permitted by law, unless I specifically revoke this consent in writing. I understand that revocation of this consent may result in termination of my employment.
- o I understand that any information obtained from a Background Check may also be considered by the University in the course of any current or future engagement, including employment or volunteering, with the University.
- o I further understand that if the Background Check indicates an outstanding warrant issued against me, the University will share that information with appropriate law enforcement agencies.

THIS SECTION APPLIES TO YOU IF YOU ARE PARTICIPATING IN A PROGRAM INVOLVING CHILDREN:

- o I understand that my ability to participate in any program involving children as a University employee, student or volunteer, is contingent on the receipt and evaluation of my Background Check. The terms “program” and “children” are defined in University Policy PS-01 entitled “Programs Involving Children,” which is available by going to policies.iu.edu, clicking on “Administration & Operations,” and going to the “Public Safety and Institutional Assurance” list of policies.
- o I agree that in order to facilitate the required Background Check, I will provide the University my social security number and date of birth (if not currently on file). I understand that failure to provide consent or the required information will result in the denial of or termination of my participation in any program involving children.
- o I understand that following the receipt of the first acceptable Background Check that supports my participation in any program involving children, the University may obtain follow-up Background Checks at any time during my participation in such programs, to the extent permitted by law, unless I specifically revoke this consent in writing. I understand that revocation of this consent may result in the immediate termination of my participation with any program involving children.
- o I further understand that any information obtained from a Background Check may also be considered by the University in the course of any current or future engagement, including employment, with the University.
- o I further understand that that if the Background Check indicates that an outstanding warrant has been issued against me, the University will share that information with appropriate law enforcement agencies.

For international checks

To perform background screening of employees and employment applicants, we have contracted with General Information Services, a company located in the United States. In order for GIS to carry out its functions, information about you will be transferred to the United States. By signing below, you consent to information about you being transferred to the United States for the purposes of background screening.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. For New York applicants, a copy of New York’s law on the use of criminal records is attached.

I have read and understand all of the information above, and by my signature below, consent to and hereby grant authorization to obtain and release of the background check reports described above to the University within the terms of this Statement.

Name (Print) _____
(First) (Middle) (Last)

Address _____ Telephone _____

City _____ State _____ Zip _____

Signature _____ Date _____

Email Address _____

SSN: _____

D.O.B: _____

This signed Statement, in original, faxed, photocopied, or electronic form, will be valid for any such reports that Indiana University may request.

Employment Application Form

Indiana University is an Equal Opportunity/Affirmative Action Employer.

Name (print) _____
(Last) (First) (Middle)

Are you over 18 years of age? yes no

If required for the position, do you hold a valid driver's license? yes no

Are you legally authorized to work in the United States? yes no

Are you a current Indiana University employee? yes no

If yes, date started, position, and location _____

Have you ever been employed by Indiana University in the past? yes no

If yes, your name (if different), date started and left, position, and location _____

Have you ever been convicted of a criminal offense that has not been expunged, restricted, or sealed by a judge? yes no

Convicted means you were declared guilty by a judge or you pleaded guilty in court. A conviction may have even taken place if you did not pay a fine or spend time in jail or in prison. A conviction could have been for either a misdemeanor or a felony. Certain traffic offenses rise to the level of a misdemeanor or felony and must be declared; examples include driving under the influence, driving on a suspended license, reckless driving, leaving the scene of an accident, and vehicular homicide. A criminal history investigation is done on each new employee, and employment with the University is conditional, subject to the findings of a criminal history investigation. Answering yes to this question does not automatically disqualify you for employment; however, information obtained from the investigation will be used in the employment review process.

If yes, you must disclose for each offense: date, charge, city, state and disposition:
(Include type of offense (e.g., misdemeanor, felony) and judgment (e.g., guilty, conditional dismissal).)

Notice:

Indiana University is an Equal Opportunity/Equal Access/Affirmative Action institution. IU intends to maintain an alcohol and drug-free workplace and to comply with the Drug Free Workplace Act of 1988 and its amendments. To that end, all employees must comply with the University's Substance Free Workplace policy. Annual security and fire safety reports containing policy statements and crime and fire statistics for Indiana University campuses are available at protect.iu.edu/police/crimestats/.

Please read and sign the following statement:

I certify that all information provided in all my application material is true. I understand that any false statement made herein is sufficient reason for rejection of this application or termination of subsequent employment regardless of date of discovery. I authorize the university to investigate all statements made in my application material for employment. I authorize such educational institutions and employers and others (and their agents or employees) to respond to questions concerning information given in this application material and I further release from liability such former employers, institutions, or persons providing such information to the university.

I understand that an offer of employment from Indiana University will be contingent on the receipt and evaluation of the background check report. Disclosure of convictions within this application does not automatically disqualify me for employment; however, information obtained from the investigation will be used in the employment review process.

I agree that the university may require my participation in and contribution to retirement programs while employed. I also understand that the direct deposit of my paycheck to my personal checking or savings account is a condition of employment. I understand that no offer of benefits such as a pension plan, insurance, vacation, or salary rate is final until cleared by Human Resources, and fully approved by appropriate university officials.

I have carefully read and understand this statement and, by my written or electronic signature below, note such.

(Signature of Applicant) (Date)



Office of the Registrar (Student Records)

FERPA Training

(Family Educational Rights and Privacy Act)

See the Indiana University East Policy.

Protect ourselves and our students

To be allowed access to student records, you must carefully review the material presented in this site. Maintaining confidentiality of student records is everyone's responsibility whether you are faculty, staff or student.

This tutorial is designed to give you a base level knowledge of the rules governing release of student information.

FERPA Training Located:

<http://registrar.indiana.edu/policies/student-privacy-ferpa.shtml>

1. [Take the FERPA Tutorial »](#) Click on this link, which is located on the right hand side of the page.

Online Pay Advices and Setting up Direct Deposit

Indiana University requires Direct Deposit for all employees. This results in all employees getting a “pay advice” with their pay check information on it.

If employees need copies of previous payroll stubs for mortgage applications, public assistance or housing updates, you may now print your own copies rather than waiting to get copies from Human Resources/Payroll.

If you have any problems accessing your pay advice on-line, feel free to stop in Human Resources in Whitewater Hall and we’ll help you to understand how it works.

How to Access Your On-Line Pay Advice

Sign up for a duo at: <https://kb.iu.edu/d/bfgm> **** This has to be done before you can sign up online for any of the below. **** This is an app you can add to your phone.

1. Go to <https://one.iu.edu>
2. Use your IU User ID and log on to one.iu.edu
3. Go to search, type in Employee Center, click on employee Center
4. Click payroll and tax

Then once you have been hired you will receive an email with this info:

As a student hourly worker, you should have received an email from prhelp@indiana.edu in order to complete direct deposit information and tax information for your bi-weekly pay.

Please take a look in your junk mail or email folder for this email...an example is shown below. Please contact me at either djallah@iue.edu or 765-973-8487, if you have any questions.

Email example:

Welcome to Indiana University from the payroll department!

To ensure you are paid in a timely and accurate fashion there is some information we need from you. Complete the following action items before or during your first week of work. These action items are linked to the sites where the required data is securely entered online.

New Employee Payroll Checklist:

Sign up for a duo at: <https://kb.iu.edu/d/bfgm> **** This has to be done before you can sign up online for any of the below. **** This is an app you can add to your phone.

- **Set up direct deposit for your paycheck.**
 - *Direct deposit of wages is required. Set up your direct deposit to avoid a trip to your campus payroll office to pick your paper check (first pay) and issued paycards (future pays).*
- **Complete the W-4 Federal Tax Withholding Certificate.**
- **Complete the WH-4 State/Local Tax Withholding Certificate.**
- **Consent for electronic W-2 Tax Form.**

Use the **One.iu.edu Employee Center** to view/edit your employee information (including above data) and access your paycheck detail.

If you have questions or require assistance, use the **FMS Support Form** or contact your campus payroll office.

We appreciate the opportunity to serve you!

Indiana University Alcohol and Drug-Free Campus Policy

In compliance with the Drug-Free Workplace Act of 1988 (41 U.S.C. § 701 *et seq.*) and the Drug-Free Schools and Communities Act Amendments of 1989 (20 U.S.C. § 1011i), the following policy shall govern the conduct of all University students and employees (including but not limited to faculty, appointed and hourly employees, and student-hourly employees) on all campuses and workplaces controlled by Indiana University.

1. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (usually referred to as illegal drugs listed under the federal Controlled Substance Act) and alcohol is prohibited on University property or in the course of a University activity.
2. As a condition of employment with Indiana University, University employees are required:
 - a. to abide by the terms of this policy; and
 - b. to notify the campus Chancellor in the event they are convicted under any criminal drug statute for a violation occurring on University property or in the course of a University activity, no later than five days after such conviction.
3. Any University employee found to be under the influence of alcohol or a controlled substance while on University property, or in the course of a University activity, is subject to disciplinary action described in Paragraph 5, below.
4. Any University employee convicted of a criminal alcohol violation or of a violation of the criminal drug statutes for activity occurring on University property or in the course of a University activity is subject to disciplinary action described in Paragraph 5, below.
5. Consistent with local, state and federal law, and with applicable Indiana University policies and procedures, Indiana University will discipline students and employees who violate this Alcohol and Drug-Free Campus Policy up to and including expulsion, termination of employment, and/or referral for prosecution. Discipline may also include the completion of an appropriate rehabilitation program.
6. Any employee whose use of alcohol or of controlled substances away from the University can reasonably be established as the cause of poor attendance or performance problems may be counseled to seek rehabilitation from available University or community resources. See the University's publication "Procedure for Handling Alcohol and Drug Abuse Among Staff Employees" or the local telephone directory for a list of available resources.
7. When notice of a criminal drug statute conviction for a violation occurring on University property or in the course of a University activity is received, the campus Chancellor's office will coordinate compliance with the reporting requirements of the Drug-Free Workplace Act of 1988, and Executive Order 90-5, April 12, 1990, issued by the Governor of Indiana.

8. Each campus Human Resources office shall establish a drug-free awareness program including maintaining and periodically publishing for its campus a list of available University and community resources for alcohol or drug abuse assistance or rehabilitation programs. In addition, each campus Human Resources Office shall provide employees with information about the dangers of alcohol or drug abuse in the workplace.
9. Students may obtain information regarding drug or alcohol counseling, treatment, or rehabilitation programs from Indiana University's Office of Alternative Screening and Intervention Services (Bloomington), the IU East Center for Health Promotion, or the Dean of Student's Office.

Criminal Penalties-Alcohol and Drugs

The following information is provided with regard to state and federal criminal penalties related to alcohol and drug possession or use.

Conviction under state and/or federal laws that prohibit alcohol-related and drug-related conduct can result in fines, confiscation of automobiles and other property, loss of one's driver's license, and imprisonment. In addition, licenses to practice in certain professions may be revoked, and many employment opportunities may be barred.

It is impractical to list all the alcohol and drug-related state and federal crimes and penalties. But all persons should be aware that in Indiana, any person under 21 who possesses an alcoholic beverage, and any person who provides alcohol to such person, is at risk of arrest. Any person who is intoxicated in public risks arrest. A person convicted of driving while intoxicated may be punished by fine, be jailed, and lose his or her driver's license. Any selling of alcoholic beverages without a license is illegal.

Possession, use, distribution, or manufacture of controlled substances (drugs) illegally can result in arrest and conviction of a drug law violation and:

- fines up to \$10,000 (Indiana);
- fines up to \$4 million (federal);
- imprisonment up to 50 years (Indiana);
- imprisonment up to life (federal); and
- confiscation of property.

Health Risks Associated with Alcohol and Controlled Substances (Drugs)

The following information is provided with regard to the health risks caused by the use of alcohol and by the illegal use of controlled substances (drugs).

- Consumption of more than two average servings of alcohol in several hours can impair coordination and reasoning, and make driving unsafe.
- Consumption of alcohol by a pregnant woman can damage the unborn child. A pregnant woman should consult her physician about this risk.
- Regular and heavy alcohol consumption can cause serious damage to liver, nervous and circulatory systems, result in mental disorders, and cause other health problems.
- Drinking large amounts of alcohol in a short time may quickly produce unconsciousness, coma, and even death.

Use of controlled substances (drugs) can result in damage to health and impairment of physical condition, including:

- impaired short term memory or comprehension;
- anxiety, delusions, hallucinations;
- loss of appetite resulting in general damage to the user's health over a long term;
- a drug-dependent newborn if the mother is a drug user during pregnancy; (Pregnant women who use alcohol, drugs, or who smoke should consult their physicians.)
- AIDS, as a result of "needle-sharing" among drug users; and
- death from overdose.

The risks associated with drugs or excessive use of alcohol are many, and are different for different drugs. But all non-prescription use of drugs, and excessive use of alcohol, endangers your health. **THERE ARE NO GOOD REASONS FOR USING A DRUG THAT IS NOT PRESCRIBED BY YOUR DOCTOR OR FOR DRINKING TO EXCESS.**

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **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 for additional information.

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

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

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

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

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

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

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>

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. Small Business Investment Companies	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

Additional Information about the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.

New York Corrections Law Article 23---A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

Section 751. Applicability.

Section 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

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§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty--two of this chapter, the public agency or private employer shall consider the following factors:
 - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
 - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
 - (f) The seriousness of the offense or offenses.
 - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
 - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty--two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy--eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.