



Application Instructions

Thank you for applying for employment with American Concrete Products, Inc.

Federal Law requires that we obtain much of the information requested in this application for all Commercial Motor Vehicle driver applicants. It is very important that you follow these instructions while filling out your application. Failure to do so may prevent us from processing your application.

Enclosed in this packet is a job description for the position you are applying for. Please read this description and if you meet the qualifications, sign and date where provided.

If you meet the qualifications for the position you are applying for, you should then complete the following:

If you meet the qualifications for the position you are applying for, you should then complete the following forms. Please continue to scroll down to the next page.

- **The four page application form, as completely as possible**
 - Sign the Driver Certifications
 - Sign the Certification and Release
- **Request for Information from Previous Employer**
 - Sign and date at the top of the form.
 - American Concrete Products, Inc. will send this form to your former employer.
- **Consents for Pre-Employment Physical and Pre-Employment Drug Screen**
 - Enter name at the top, sign and date each consent form.
- **Background Verification Authorization**
 - Please read the "Summary of Your Rights Under the Fair Credit Reporting Act." Read and sign the background verification disclosure and authorization.
- **Affirmative Action Voluntary Information**
 - Please read the statement at the top of the page and fill out the form if you choose to provide the information.

The information provided by you will be used, and your prior employers will be contacted, for the purpose of investigating your background as required by the Federal Motor Carrier Safety Administration. Furthermore, as part of this investigation, a copy of your motor vehicle driving record will be obtained. By signing the application form and the background verification authorization, you are authorizing American Concrete Products to conduct this investigation. *Failure to sign the application and the background verification authorization will prevent us from processing your application further.*

All driver applicants must, in conformance with Department of Transportation regulations, submit to a urine drug screen prior to being employed as a D.O.T.-qualified driver with American Concrete Products. Any applicant that has a positive test result for any of the substances listed below, or that refuses to provide an appropriate sample, will be considered unqualified to operate a commercial motor vehicle under D.O.T. regulations, and therefore unqualified for employment as a driver for American Concrete Products.

Marijuana	Barbiturates	Amphetamines (including methamphetamine)
Cocaine	Opiates	Phencyclidine (PCP)

American Concrete Products is an Equal Opportunity Employer and all qualified applicants will receive consideration without regard to race, creed, sex, color, age, national origin or disability.

Upon completion this application may be submitted directly to
Driver Recruitment Center 4000 Delaware Building A Des Moines, IA 50317

AMERICAN CONCRETE PRODUCTS, INC.

READY MIX TRUCK OPERATOR

The purpose of this position is to drive, operate, service and maintain a ready mix concrete truck in a safe and professional manner. The position must give special attention to customer service, as this is the point of most frequent contact with our customers. Individuals in this position should be willing and able to provide our customers with quality service, doing all they can to make our customer service the best in the industry.

Reports to: Plant Manager

Type: Non-Exempt Hourly

QUALIFICATIONS

- Minimum **Class B** Commercial Drivers License with Airbrake endorsement.
- At least 21 years of age.
- Prior truck driving experience mandatory, with 6 months minimum preferred.
- Ready mix truck driving, or related construction experience, preferred.
- Driving record in conformity with American Concrete Products' vehicle policy requirements (3 or less moving violations/ accidents and no major traffic violations in 3 years).
- Ability to pass basic training in safety, quality and maintenance.
- Must be reliable.
- Must have telephone or other reasonable means by which you can be contacted.
- Ability to provide negative pre-employment drug screen per DOT requirements.
- Some mechanical ability to perform required pre- and post-trip inspections and to correct minor deficiencies.
- High school diploma, or the equivalent, preferred.

RESPONSIBILITIES

- Operates vehicles and maintains personal safety in accordance with Company, FMCSA, and OSHA policy guidelines.
- Stays informed of all applicable DOT rules and regulations, and operates within those rules and regulations.
- Performs daily pre-trip and post-trip inspections on truck and related equipment for operation and safety.
- Keeps truck in premium mechanical condition and clean inside and outside by adhering to truck checkout and cleaning procedures.
- Uses sound judgment when setting up equipment on job sites that may be dangerous for the operator, equipment or other personnel.
- Reads and understands delivery tickets, especially with regard to delivery location and types and quantity of materials to be delivered.
- Reports back to dispatch using proper communication procedure, on status of job and for other scheduling purposes.
- Performs small repair and maintenance on truck and equipment such as greasing, hose changing, bolt tightening, etc.
- Reports all mechanical problems with equipment to the proper individual(s).
- Performs a variety of other duties assigned by the plant operator relative to the plant and grounds.
- Performs other assigned duties, and operates other vehicles and/or equipment, with regard to the above standards.
- Performs duties in an efficient manner and assures customer satisfaction.

AMERICAN CONCRETE PRODUCTS, INC.

This is a construction and service-oriented business which consists of variable hours and working conditions due to the demand of the customer and the construction industry. The normal construction season is considered to be from March 1 through December 15. Work hours during this time vary according to workload, weather conditions, and scheduling requirements. It is not uncommon to work 12 or more hours in a shift, while on other days work may not be available. Overtime hours during this period are likely. During the off-season months, some individuals may receive temporary layoffs, while others may work full or part time. However, all drivers are expected to be available for work as needed during this period.

Basic Physical Requirements

Required Task	Occasional 0-33%	Frequent 33-66%	Constant Above 67%
Sitting		X	
Standing		X	
Walking	X		
Bending/ Kneeling/Crouching/Stooping	X		
Reaching above the shoulders	X		
Climbing (stairs, ladders, etc.)	X		
Lifting/Carrying up to 60 lbs	X		
Pushing/Pulling Over 60 lbs	X		
Operating a vehicle (as part of job)		X	
Being around and/or operating moving equipment		X	
Reading/Monitoring various gauges on equipment		X	
Hand Movements:			
Recording Data	N/A		
Operating Office Equipment	N/A		
Operating Computer	N/A		
Simple Grasping (right and left)		X	
Firm Grasping (right and left)	X		
Fine Manipulating (right and left)	N/A		
Foot Movements to Operate Foot Controls	X		
Office	N/A		
Multiple Locations		X	
Plant		X	
Equipment Maintenance or Repair area	X		
Rough Terrain	X		
Other	X		
Vision: Good Vision, Corrected to Normal Color Definition Required: YES Hearing: Good Hearing, Corrected to Normal Mobility: Ability to be mobile throughout required work areas Ability to Communicate/Understand/Access required information and perform job. Not allergic to concrete.			

NOTE: This is not necessarily an exhaustive list of the job duties and requirements associated with this job, but is intended to be an accurate reflection of the job at present.

I have read and understand the job description and can perform the essential functions of this job with or without reasonable accommodation.

Signature _____

Date _____

APPLICATION FOR EMPLOYMENT

Date of Application

Full Name

Social Security Number

Address

Telephone Number(s)

City

State

Zip

E-mail address

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. It is the policy of this Company to assure that applicants are employed, and that employees are treated during employment, without regard to their race, disability, color, sex, religion, age or national origin.

Position for which you are applying _____

Location _____

Are you willing to work at other locations? Yes _____ No _____

How did you learn of this position? (Source) _____

Have you ever worked for this company? Yes _____ No _____

If yes, please indicate where and when employed:

What date can you start? _____

Have you used any names or Social Security Numbers other than given above?
If so, please list in comments below.

Yes _____ No _____

Have you been convicted of a crime (other than traffic offenses) in the past seven years?
If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment.
In accordance with company policy and applicable state and federal laws, certain factors will be
reviewed to determine your eligibility for employment.)

Yes _____ No _____

Date of Incident	City & State	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

[COMPLETE THIS PAGE ONLY IF POSITION REQUIRES DRIVING]

Driver Qualification Information:

Commercial Drivers License Number License Class Date of Birth

State of issue Endorsements Expiration Date

Do you have any other unexpired Commercial Drivers License? Yes _____ No _____ (If yes, list on last page)

Please give a brief description of your experience in the operation of motor vehicles, including types and years operated.

Driver's Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three years. (attach additional page if necessary)

Date of conviction	Offense	City/State	Type of motor vehicle operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted, or forfeited bond or collateral on account, of any violation required to be listed during the past three years.

Signature _____

I certify that the following is a true and complete list of motor vehicle accidents in which I was involved in during the last three years.

Date of Accident	City/State	Nature of accident and type of injuries (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no accidents are listed above, I certify that I have not been involved in a motor vehicle accident in the last three years.

Signature _____

Has your license ever been denied, revoked or suspended? Yes _____ No _____

(If yes, please provide a statement setting forth, in detail, all facts and circumstances regarding such action)

Previous Employment History: List all past employers for the preceding **ten years**.

Are you currently working for this employer		Yes _____	No _____
Most Recent Employer If yes, may we contact		Yes _____	No _____
_____		_____	
Company Name		Phone Number	

Fax Number			

City	State	Zip	

Job Title and Duties			
Dates Employed: from _____ to _____			
Salary: _____ per hour __ week ____ mile _____			
_____		_____	
Immediate Supervisor		Reason for leaving	
Second Most Recent Employer			
_____		_____	
Company Name		Phone Number	

Fax Number			

City	State	Zip	

Job Title and Duties			
Dates Employed: from _____ to _____			
Salary: _____ per hour __ week ____ mile _____			
_____		_____	
Immediate Supervisor		Reason for leaving	

Third Most Recent Employer

Company Name

Phone Number

Fax Number

City

State

Zip

Job Title and Duties

Dates Employed: from _____ to _____

Salary: _____ per hour __ week __ mile _____

Immediate Supervisor

Reason for leaving

Fourth Most Recent Employer

Company Name

Phone Number

Fax Number

City

State

Zip

Job Title and Duties

Dates Employed: from _____ to _____

Salary: _____ per hour __ week __ mile _____

Immediate Supervisor

Reason for leaving

Education

Please check highest grade completed.

7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 ___ 13 ___ 14 ___ 15 ___ 16 ___ 16+ ___

If your school records are under a different name than listed on page 1, please enter name:

Name of High School, College Or Trade/Vocational School	City/State	Completed	Degree
--	------------	-----------	--------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References Include only individuals familiar with your work ability. Do not include relatives.

Name	Years Known/Relationship	Address/Phone
------	--------------------------	---------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes ___ No ___ Have you been given a job description or had the essential functions of the job explained to you?

Yes ___ No ___ Do you understand these essential functions?

Yes ___ No ___ Can you perform the essential functions of this job with or without reasonable accommodations?

Comments

Use this section to list any additional skills, licenses or certificates that may be job-related. You may also take the opportunity to provide us with additional information you may feel is of value to the job or the company.

CONDITIONS OF EMPLOYMENT

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. Also, this application for employment shall be considered only as to the position indicated by the Applicant on page 1.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may terminate the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that I must undergo a pre-employment drug screen, the result of which will determine whether I will or will not be allowed employment. Further, that after an offer of employment is made, I will be required to complete a pre-employment physical.

The company will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification: (Form I-9)" and produce requested documentation after employment.

Certification and Release: I certify that I have read and understand the Applicant Note on page one of this form, and that the answers given by me to the foregoing questions and the statements made by me are true and complete to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during employment. I authorize the Company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background to the Company, and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature

Date

Consent For Pre-Employment Physical

I understand that pursuant to Company policy, I will be required to undergo a pre-employment physical after I have received an offer of employment with American Concrete Products. That offer of employment will be conditional upon my submission to a pre-employment physical, and upon a “pass” result for that physical.

I understand that the physical will be used to verify my ability to perform the essential functions of the job as detailed in this application packet. Further, that if I fail to pass the physical, or if I refuse to submit to the physical, I will be considered unqualified for employment as a driver for American Concrete Products.

I understand that the physician will maintain the results of the physical, and will report the results to the Company. The results will be held in strict confidentiality, and will not be released to any other party without my written consent.

I further understand that the expense for this physical will be my responsibility. American Concrete Products will make an advance payment of my wages for this cost, and deduct this amount from my first paycheck. The cost of the physical and physician’s report is approximately \$55.00, depending on location. By signing this form, I hereby authorize this deduction.

Upon completion of my probationary period of employment, American Concrete Products will reimburse the cost of the physical to me.

Having read and understood this consent, I agree to submit to a physical if I am offered employment with American Concrete Products.

By this authorization, I release to the extent permitted by law, any laboratory, medical, and Company personnel involved in the examination and testing process, from any and all liabilities alleged to arise from the release and use of information obtained pursuant to this Consent.

Signature

Date

AMERICAN CONCRETE PRODUCTS, INC.

Name: _____

Consent For Pre-Employment Drug Screen

I understand that pursuant to Department of Transportation regulations, I must submit to a urine drug screen before I may be employed as a D.O.T. qualified driver with American Concrete Products.

I understand that if I test positive for any of the substances listed below, or if I refuse to provide an appropriate sample, I will be considered unqualified to operate a commercial motor vehicle under D.O.T. regulations, and that I will therefore be unqualified for employment as a driver for American Concrete Products.

- Amphetamines (including methamphetamine)
- Barbiturates
- Cocaine
- Marijuana (including cannabinoids and THC derivatives)
- Opiates (and their derivatives including morphine and codeine)
- Phencyclidine (PCP)

I understand that the Medical Review Officer (MRO) will maintain the results of the drug test, and will report the results to the Company. The results will be held in strict confidentiality, and will not be released to any other party without my written consent.

I further understand that the expense for this drug screen will be my responsibility. American Concrete Products will make an advance payment of my wages for this cost, and deduct this amount from my first paycheck. The cost of the drug screen and Medical Review Officer's report is \$45.00. By signing this form, I hereby authorize this deduction.

Upon completion of my probationary period of employment, American Concrete Products will reimburse the cost of the drug screen to me.

Having read and understood this consent, I agree to submit to a urine drug screen if I am offered employment with American Concrete Products. Further, that any offer of employment with American Concrete Products is conditional upon my submission to a drug screen, and upon a negative result for that drug screen.

By this authorization, I release to the extent permitted by law, any laboratory, medical, and Company personnel involved in the examination and testing process, from any and all liabilities alleged to arise from the release and use of testing information obtained pursuant to this Consent.

Date

Applicant Signature

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to **American Concrete Products** for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Date

Applicant's Signature

Dear Sir / Madam:

The individual named below has made application to this company for a position as

and states that he/she was employed by you as _____

from _____ to _____

We very much appreciate your assistance in completing, in confidence, the information requested below. Please return via mail or **fax to 515-263-3878**. Thank you for your time.

Sincerely,

Derek Fredericksen, Driver Supervisor
American Concrete Products, Inc.
5550 NE 22nd St.
P.O. Box 3349
Des Moines, IA 50316

Telephone: (515) 263-3860

Facsimile: (515) 263-3878

Name of Applicant: _____ Social Security Number _____

1. Employed from _____ to _____ as _____

at _____ wage or salary of _____ per

[hour day week month mile other] (check one)

2. Did he/she drive a motor vehicle for you? _____ Straight Truck ? _____

Tractor-Trailer? _____ Bus? _____ Other (Please Specify) _____

3. Was he/she a safe and efficient driver? _____

4. Reason for leaving: Resigned _____ Laid off _____ Terminated _____
 Other _____
 Eligible for rehire? ___ Yes _____ No _____ Upon review

5. Was his/her general conduct satisfactory? _____

6. Please advise as to history of past driving record, if available, for the past three years.

Accidents: _____

Citations: _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				
Attendance				

Any other remarks _____

In the last three years has:

1. This person ever tested positive for a controlled substance?
 Yes _____ No _____
2. This person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater?
 Yes _____ No _____
3. This person ever refused a required test for drugs or alcohol?
 Yes _____ No _____
4. This person ever had other violations of DOT agency drug & alcohol testing regulations?
 Yes _____ No _____

If the answer is yes to any of the above, please give the Medical Review Officer's name, address and phone number for further reference.

Name _____ Phone _____

Address _____

Person completing this form:

Name _____ Title _____

Signature _____ Date _____

Consumer Report Disclosure

As part of the employment process, Oldcastle Materials, Inc. (the "Company"), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with the Company, I hereby authorize ChoicePoint Services Inc., on behalf of the Company to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

I acknowledge that I have also been provided "A Summary of Your Rights Under the Fair Credit Reporting Act." I understand that if I have any questions regarding this disclosure or the Summary, I should not sign this form until my questions are answered to my satisfaction. By signing this form, I acknowledge that I have no questions, that I have received this form and that I understand its contents.

Name of Applicant/Employee

Date

Signature of Applicant/Employee

REQUIRED INFORMATION:

Social Security Number

Date of Birth

Driver's License/State ID Number

Issuing State

Street Address

City, State and ZIP

CA, MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES I am a California resident and would like a free copy of my investigative consumer report.

YES I am a Minnesota resident and would like a free copy of my consumer report.

YES I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: In connection with your application for employment, your credit report will be obtained and reviewed. Under CA law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Please note, if you elected to receive the entire investigative consumer report, this will include your credit report.

YES I am a California resident and would like a free copy of my credit report.

Printed Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY

Employer please note: If consumer checks "YES" regarding the credit report, and you do request a credit report, please fax this form to ChoicePoint at 800-256-5876. If consumer checks "YES" regarding the full consumer report, and the consumer resides in California, you will need to provide the individual with a copy of their consumer report. If a Minnesota or Oklahoma resident checks "YES", please fax this form to ChoicePoint at 800-256-5876.

ChoicePoint Account Number: _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

The Oldcastle Iowa Companies are required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with one of the **Oldcastle Iowa Companies** it will not be used as employment criteria. **The Oldcastle Iowa Companies** are an equal opportunity employer, supporting diversity in the workplace.

Thank you for your voluntary cooperation in completing this form.

Please check one of the following Gender Groups:

_____ Male _____ Female

Please check one of the following Age Groups:

_____ Under 40 _____ 40 and Over

Please check one of the following Equal Employment Opportunity Identification Groups:

_____ White _____ Black _____ Hispanic
_____ American Indian _____ Asian/Pacific Islander

Veterans/U.S. Military Status:

_____ Non-Veteran _____ Pre-Vietnam Veteran
_____ Vietnam Era Veteran (8/5/64 – 5/7/75)
_____ Vietnam Veteran w/disability _____ Post Vietnam Veteran
_____ Post Vietnam Veteran w/disability

Referral Source How did you learn of this position?

_____ Walk-in _____ Friend/ Relative _____ Current Employee
_____ Government Employment Agency _____ Other _____
_____ Private Employment Agency (give name) _____
_____ Publication Advertisement (list source) _____

Name of person who referred you (if applicable) _____

For Administrative Use Only

Position Applied for: _____

Date of Application: _____

Notes _____

Completed By _____ Date _____

A Summary of Your Rights Under the Fair Credit Reporting Act

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.

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 credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit 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 1-877-382-435
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of 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