

# Delta Scientific Corporation

Human Resources  
 40355 Delta Lane  
 Palmdale, CA 93551  
 www.deltascientific.com  
 661-575-1100

Office Use Only	
	Initials
Position:	
Rate:	

## APPLICATION FOR EMPLOYMENT

1. Last Name	First Name	Middle Name	Today's Date			
2. Street Address			S.S.N. (may be provided later if offer made)			
3. City, State, Zip Code			Home Telephone ( )			
4. E-mail Address			Cellular Telephone ( )			
5. In case of an emergency, notify: Name: _____ Address: _____ Relationship: _____			Emergency Contact Telephone ( )			
6. Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how long ago: Years: _____ Months: _____ Location: _____			Business Telephone ( )			
7. Position Desired: _____ Salary Desired: _____ Full-time Work: <input type="checkbox"/> Yes <input type="checkbox"/> No Part-time Work: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Available: _____ Available for overtime: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How long at present address: Years: _____ Months: _____				
8. Do you possess a valid Driver's License (if job involves driving)*: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have transportation to work: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a United States Citizen or otherwise legally eligible for employment in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No		*(Drivers license information to be provided on separate sheet) Form of transportation: _____ Are you over 18 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been bonded: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what employers: _____ References Available: <input type="checkbox"/> Yes <input type="checkbox"/> No				
At the time of employment, all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.						
<b>9. Education/Training</b> Have you graduated from High School or possess a GED: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Education	Name and location of University, College, Business/Trade School and High School	Subject or Major	Units Completed		Did you graduate?	Title of Degree Awarded
			Semester	Quarter		
University					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any training, certificates, licenses, computer, or language skills which directly relate to position applied for:						
10. Please list membership in professional or civic organizations (exclude those which may disclose your race, color, religion, gender, national origin, ancestry, marital status, registered domestic partner status, age, physical or mental disability, medical condition, genetic characteristics, sexual orientation, transgender status, gender identity, gender expression, or any other information which may not be considered for employment under federal, state or local laws):						
11. Please state names of relative and friends working for this company:						

\*\*\*CANDIDATES WHO RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT WILL BE REQUIRED TO SUCCESSFULLY COMPLETE AND PASS A DRUG TEST WITHIN THE SPECIFIED TIME FRAME AS A CONDITION OF EMPLOYMENT

# Delta Scientific Corporation

## APPLICATION FOR EMPLOYMENT

### 12. Employment History

List your employment, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. Please give accurate, complete full-time and part-time employment records.

Company Name	Telephone (     )
Address	Employed (Month and Year)      From:                      To: Hours worked weekly:
Supervisor's Name                      Supervisor's Job Title	Reason for Leaving:
State Job Title and Describe Work Performed	

Company Name	Telephone (     )
Address	Employed (Month and Year)      From:                      To: Hours worked weekly:
Supervisor's Name                      Supervisor's Job Title	Reason for Leaving:
State Job Title and Describe Work Performed	

Company Name	Telephone (     )
Address	Employed (Month and Year)      From:                      To: Hours worked weekly:
Supervisor's Name                      Supervisor's Job Title	Reason for Leaving:
State Job Title and Describe Work Performed	

Company Name	Telephone (     )
Address	Employed (Month and Year)      From:                      To: Hours worked weekly:
Supervisor's Name                      Supervisor's Job Title	Reason for Leaving:
State Job Title and Describe Work Performed	

13. Are you considered to be a protected veteran?       Yes       No

Delta Scientific is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available persons in every job. Delta Scientific policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, disability physical or mental, medical condition including genetic characteristics, sexual orientation, sex, transgender status, gender identity, gender expression, citizenship status or any other consideration made unlawful by federal, state, or local laws. All disclosed payrates are not required and are provided at the applicants discretion.

I certify under penalty of perjury of the law of the state of California that this application and any supplemental information is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. **THIS APPLICATION MUST BE SIGNED IN INK AND DATED.** I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

# Delta Scientific Corporation

## APPLICATION FOR EMPLOYMENT

### 14. Please read carefully, initial each paragraph and sign below

_____ Initials	<p>I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment. <b><u>I FURTHER UNDERSTAND, ACKNOWLEDGE and AGREE, THAT IF I AM HIRED THAT DURING MY EMPLOYMENT WITH DELTA SCIENTIFIC IF I HAVE ANY COMPLAINTS WHATSOEVER REGARDING ANY FORM OF HARASSMENT OR ANY FORM OF WAGE CLAIMS I WILL MAKE THOSE COMPLAINTS DIRECTLY TO THE HUMAN RESOURCES MANAGER GINA GILE (661) 575-1100, EXT. 317, OR THE PRESIDENT KEITH BOBROSKY, (661) 575-1100, EXT. 318, AND, I WILL DEMAND A WRITTEN CONFIRMATION RECEIPT OF MY COMPLAINT.</u></b></p>
_____ Initials	<p>I hereby authorize Delta Scientific Corporation ("Delta") to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and to obtain a background report. The background report may contain information concerning my character and general reputation. Depending on the type of position for which I am applying, the types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on my character and general reputation.</p>
_____ Initials	<p>If I am applying or being considered for a position which is an exempt and/or managerial, or that involves access to bank or credit card account information, Social Security Number information and/or date of birth information; or in which I may be a named signatory on Delta Scientific Corporation's bank or credit card accounts and/or authorized to transfer money or enter into financial contracts; or with access to information that is "confidential" and/or "trade secret"; or that regularly allows access to \$10,000 or more in cash; or for which such information is required to be disclosed or obtained, then I agree that Delta may procure a credit report for me with respect to this Application for Employment</p>
_____ Initials	<p>If the job for which I am applying, or for which I may be considered now or in the future, requires me to drive as part of my job duties, then I agree to: 1. Provide proof of a valid driver's license; 2. Provide evidence of insurance coverage on my own vehicle to be driven on Delta business in such amounts as Delta and/or Delta's insurers deem(s) reasonably sufficient; 3. Report and voluntarily disclose all moving violations, accidents or citations which may impact my insurability to drive or the cost of premiums, such as the number of "points" against my driver's license, as of my application date, hire date (if hired) and on an ongoing basis during the period of my employment by Delta, reportable voluntarily, promptly and without request by Delta upon the occurrence of future events and changes to my driving record; and 4. Provide any additional information which may reflect upon my driving record or insurability, or otherwise as requested by Delta's insurer(s), as of my application date, hire date (if hired) and on an ongoing basis, voluntarily and promptly, during the period of my employment by Delta.</p>
_____ Initials	<p>I authorize the references I have listed to disclose to Delta (including its independent contractors utilized to conduct background and similar checks) any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.</p>
_____ Initials	<p>I agree to execute and deliver to Delta any such additional authorization, approvals and releases necessary to carry out the foregoing, and that Delta may use any information obtained as a result for the purposes of decisions relating to employment, including initial employment offers and for offers related to promotions and/or transfers.</p>
_____ Initials	<p>I hereby release Delta, my former employers and all other persons and legal entities who are involved in such investigation or disclosure from any and all claims, demand or liabilities arising out of or in any way related to such investigation or disclosure.</p>
_____ Initials	<p>I understand and agree that Delta personnel are employed on an "at-will" basis, and that such employment may be terminated with or without cause at any time by either me or by Delta. Nothing contained in this application, or conveyed during any interview which may be granted, or during my employment (if hired), is intended to create an employment contract between Delta and me, or to require my employment for any definite term or period of time. No representations or promises contrary to the foregoing are binding upon Delta, unless made in writing and signed by the president or senior vice president of Delta.</p>
_____ Initials	<p>Should a search of public records be conducted by internal personnel employed by Delta, I am entitled to copies of any such public records obtained by Delta unless I initial the waiver below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have initialed the waiver below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment" (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by Delta will only be used to the extent allowed by federal, state, or local law.</p>
_____ Initials	<p>I waive receipt of a copy of any public record described in the paragraph above.</p>
_____ Initials	<p>I acknowledge that, in compliance with federal law, Delta is required to verify my identity and eligibility to work in the United States, and to complete the required employment eligibility verification document(s) upon hire.</p>

# Delta Scientific Corporation

## APPLICATION FOR EMPLOYMENT

\_\_\_\_\_  
Initials

I acknowledge that any applicant who is offered and accepts employment with the company will be required to review and sign an agreement providing that the company and the employee must submit most employment-related disputes to binding arbitration and forego proceedings before a jury in court. *\*\*\*Please request a copy of the agreement if you wish to review or consult with an attorney before applying\*\*\**

\_\_\_\_\_  
Initials

I acknowledge that if I receive a conditional offer of employment, I will be required to successfully complete and pass a drug test within the specified timeframe as a condition of employment.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



## BACKGROUND REPORT DISCLOSURE

In the interest of maintaining the safety and security of our customers, employees and property, **Delta Scientific Corporation** may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application or contract, and if you are hired, or if you already work for the Company, may order additional background reports on you.

The background check company, KRESS Employment Screening will prepare the background report for the Company. KRESS Employment Screening is located at 13105 NW Freeway Suite 1050, Houston, TX 77040, and can be reached at 888-636-3693 or at their internet website address [www.kressinc.com](http://www.kressinc.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: social security number verification; criminal, public, educational, and as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by KRESS Employment Screening or another outside organization.

You may request more information about the nature and scope of an investigative consumer report by contacting the Company. You may request a copy of this report from the Company or KRESS Employment Screening using the contact information listed above.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act, A Summary of Rights Under California Civil Code

## STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

**CALIFORNIA / MINNESOTA / OKLAHOMA:** You have the right to receive a copy of your background/investigative report by checking "Yes" on the Acknowledgement and Authorization below. **California Only:** Pursuant to Section 1786.22 of the California Civil Code, you may view the file that KRESS Employment Screening has for you, and order a copy of the file, upon submitting proper identification by either coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. KRESS Employment Screening can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** You have the right, upon request, to be informed of whether an investigative background report was requested, and if one was requested, the name, address, and telephone number of the nearest unit designated to handle inquiries of each background reporting agency issuing an investigative consumer report. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of such reports.

**MASSACHUSETTS / NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from KRESS Employment Screening. You may inspect and order a free copy of the report by contacting KRESS Employment Screening.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from KRESS Employment Screening, and you will be provided with the name and address of KRESS Employment Screening. You may inspect and order a free copy of the report by contacting KRESS Employment Screening. By signing below, you certify that you have received a copy of New York Correction Law 23-A, that you have read and fully understand this release, and that prior to signing, you were given opportunity to ask questions and have those questions answered to your satisfaction.

**WASHINGTON STATE:** If the Company requests an investigative background report, 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 investigative consumer report requested by the Company. You also have the right to ask KRESS Employment Screening for a written summary of your rights under the Washington Fair Credit Reporting Act.

### CREDIT REPORTS:

**CONNECTICUT / HAWAII / MARYLAND / OREGON / WASHINGTON STATE:** I further understand that the Company will not obtain information about my credit worthiness, credit standing or credit capacity unless the information is (i) required by law, (ii) I am seeking employment with a financial institution (Connecticut only), (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union guaranty corporation that is approved by the Maryland commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only), (iv) I am seeking employment as a covered police or peace officer with a federally insured bank or credit union (Oregon only), (v) the Company reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only), or (vi) is substantially job related, as disclosed below.

**ILLINOIS:** I further understand that the Company will not obtain information about my credit history unless at least one of the following circumstances is present: ( 1) State or federal law requires bonding or other security covering an individual holding the position. ( 2) The duties of the position include custody of or unsupervised access to cash or marketable assets valued at \$2500 or more. (3) The duties of the position include signatory power over business assets of \$100 or more per transaction. (4) The position is a managerial position which involves setting the direction or control of the business. (5) The position involves access to person or confidential information, financial information, trade secrets, or State or National security information. (6) The position meets criteria in administrative rules, if any, that the US Department of Labor or the Illinois Department of Labor has promulgated to establish the circumstances in which a credit history is a bona fide occupational requirement. ( 7) The employee's or applicant's credit history is otherwise required by or exempt under federal or State law.

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the **Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act, A Summary of Your Rights Under California Civil Code 1786.22**, and the **New York Correction Law 23-A** and certify that I have read and understand all of those documents provided to me by the Company. 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 my employment or contract, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, 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 KRESS Employment Screening, 13105 NW Freeway #1050, Houston, TX 77040, 888-636-3693, [www.kressinc.com](http://www.kressinc.com), or another outside organization acting on behalf of the Company, and/or the Company itself.

I understand that my signature now and throughout this process will be binding. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile (“fax”), electronic or printout of this authorization may be accepted with the same authority as the original.

I understand that by signing my name below, that I am signing the Authorization form directing the background report as described above, the information contained in my employment application or contract, or otherwise disclosed by me before, or during, my employment or contract, if any, may be used for the purpose of obtaining background reports and/or investigative background reports, and I certify that:

- I have received the Disclosure Regarding Consumer and/or Investigative Report, and have received and reviewed the Summary of Your Rights Under the Fair Credit Reporting Act. I have also received and reviewed A Summary of Your Rights Under the Provisions of California Civil Code §1786.22 and the New York Correction Law 23-A.
  - **Yes**
  - **No**
  
- For California, Oklahoma, or Minnesota employees and applicants: Please check the appropriate box to indicate if you would like to receive a copy of your consumer report free of charge.
  - **Yes**
  - **No**

**Company Requesting Background:** Delta Scientific Corporation - Palmdale

**Printed Name of Applicant/Contractor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date Authorized:** \_\_\_\_\_



# Services Request Form

Client: Delta Scientific Corporation - Palmdale Requestor: Daphne Shackley

Phone Number: (661) 575-1100 E-Mail: hr@deltascientific.com

Income Over \$75K?  Yes  No

## Services Requested:

Essential Plus Package

*To Be Filled Out by Applicant/Contractor*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Additional Last Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## *7 Year Address History (Required)*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_



## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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

**TYPE OF BUSINESS:**

**CONTACT:**

1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

a. Bureau of Consumer Financial Protection  
1700 G Street NW,  
Washington, DC 20006.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

b. Federal Trade Commission: Consumer Response Center - FCRA  
Washington, DC 20580.  
(877) 382-4357.

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks.

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450,  
Houston, TX 77010-9050.

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.

b. Federal Reserve Consumer Help Center  
P.O. Box 1200,  
Minneapolis, MN 55480.

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.

c. Division of Depositor and Consumer Protection  
National Center for Consumer and Depositor Assistance  
Federal Deposit Insurance Corporation  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. Federal Credit Unions.

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street,  
Alexandria, VA 22314.

3. Air carriers.

Asst. General Counsel for Aviation Enforcement & Proceedings  
Department of Transportation  
400 Seventh Street SW,  
Washington, DC 20590.

4. Creditors Subject to Surface Transportation Board.

Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street, S.W. 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.

Federal Trade Commission  
Consumer Response Center  
600 Pennsylvania Avenue NW  
Washington, DC 20580  
(877) 382-4357

## **A Summary of Your Rights under California Civil Code 1786.22**

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
- In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  - By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  - A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

**NEW YORK CORRECTION LAW  
ARTICLE 23-A**

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

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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.



## MVR RELEASE CONSENT FORM

In conjunction with my potential employment at Delta Scientific Corporation.

I \_\_\_\_\_ (applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., “Federal Drivers Privacy Protection Act”, and is intended to constitute “written consent” as required by this Act.

Signed (applicant)

Date:

Driver’s License Number

State: