



**Greater Valley Emergency Medical Services, Inc.**

**904 North Lehigh Avenue, Sayre, PA 18840-1842**

**Transportation (570) 888-0958 – Phone (570) 888-6000 – FAX (570) 888-1219**

**APPLICATION FOR EMPLOYMENT OR MEMBERSHIP**

**As an applicant for employment or membership with Greater Valley EMS, Inc., I hereby authorize Greater Valley EMS to perform any and all:**

- **Criminal background checks**
- **Identity checks**
- **Sex offender checks**
- **Driving record checks**
- **Health & Human Services checks**
- **Reference checks**

**through any agency deemed necessary and employed by Greater Valley EMS to perform such checks, and as needed to make an employment or membership decision on my behalf with Greater Valley EMS, Inc. and in accordance with the Fair Credit Reporting Act governing background checks.**

\_\_\_\_\_  
**Signature**

**Applicant Printed Name:**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

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# Greater Valley Emergency Medical Services, Inc.

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Paid Position \_\_\_\_\_ Volunteer Position \_\_\_\_\_

## I. Personal

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Name : \_\_\_\_\_(full legal name)
2. Street Address: \_\_\_\_\_
3. City, State, Zip: \_\_\_\_\_
4. Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
5. Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
6. E-mail address which you check often: \_\_\_\_\_
7. Position desired: \_\_\_\_\_ (Transporter/EMT/Paramedic/Office)
8. Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No
9. Are you available for full time work? \_\_\_ Yes \_\_\_ No
10. What shifts are you willing to work? \_\_\_\_\_ Day \_\_\_\_\_ Night
11. Will you work overtime if asked or attend evening and night time activities? \_\_\_ Yes \_\_\_ No
12. Are you employed now? \_\_\_ Yes \_\_\_ No If so, may we contact your current employer? \_\_\_\_\_
13. Available start date: \_\_\_\_\_ Pay Anticipated : \$ \_\_\_\_\_
14. Do you currently hold a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
State \_\_\_\_\_ License Number \_\_\_\_\_ Class \_\_\_\_\_

**Please provide copies of your driver's license.**

## II. E.M.S. History (to be completed by applicants for EMT / Paramedic positions)

1. If you are presently certified in emergency medicine, complete the appropriate information:
  - a. Commonwealth of Penna. Cert. No. \_\_\_\_\_ Date Expires \_\_\_\_\_
  - b. State of New York Certification No. \_\_\_\_\_ Date Expires \_\_\_\_\_

Please provide a **copy of your certification with this application.**

2. Are you certified in CPR? \_\_\_ Yes \_\_\_ No. Expiration Date: \_\_\_\_\_ Please provide a **copy of your certification with this application.**

**III. Education**

<u>Name of School</u>	<u>Address of School</u>	<u>Degree</u>
High School	_____	_____
Under Graduate	_____	_____
Other	_____	_____

**IV. Employment Record** Please give **accurate, complete** Full-time and Part-time employment record. **Start with your present or most recent employer.**

- 1. Company Name :** \_\_\_\_\_

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

Name of Supervisor : \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title / Description : \_\_\_\_\_

Employed From : \_\_\_\_/\_\_\_\_/\_\_\_\_ To : \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Wage : \$ \_\_\_\_\_

Reason for Leaving : \_\_\_\_\_
- 2. Company Name :** \_\_\_\_\_

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

Name of Supervisor : \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title / Description : \_\_\_\_\_

Employed From : \_\_\_\_/\_\_\_\_/\_\_\_\_ To : \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Wage : \$ \_\_\_\_\_

Reason for Leaving : \_\_\_\_\_
- 3. Company Name :** \_\_\_\_\_

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

Name of Supervisor : \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title / Description : \_\_\_\_\_

Employed From : \_\_\_\_/\_\_\_\_/\_\_\_\_ To : \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Wage : \$ \_\_\_\_\_

Reason for Leaving : \_\_\_\_\_

**V. EMS or other Emergency Experience**

1. Please list all emergency services that you have been affiliated with, the dates of your affiliation, and the name of your supervisor. (if paramedic, please list command status).

	Dates	Service	Supervisor	Command
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

2. How many years experience have you had as an EMT \_\_\_\_\_ and as a Paramedic? \_\_\_\_\_

3. Please list any advanced training and additional certification that you may have received. **Please submit copies of certificates.** \_\_\_\_\_

**VI. Other Information**

1. In most cases, you need to be at or over the age of 21 in order to drive a Greater Valley EMS vehicle. Do you meet this requirement? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you ever been convicted of a felony by a civil or military authority? (excluding misdemeanors or summary offenses) \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Do you use controlled drugs (i.e. non over the counter drugs) not prescribed by a licensed physician or practitioner who is authorized to prescribe drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Do you have your own social media pages? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please list those sites:

\_\_\_\_\_

5. **NOTICE:** Per OSHA regulations and the N-95 respirator fit requirements, you are required to be clean shaven around your chin, mouth and nose in order to get a correct fit of the mask. You may have a mustache or goatee if it does not interfere with the mask fit. Will you adhere to this policy?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

6. Please list any other special training skills (i.e. language, machine, computer operation, music, sports, etc.) \_\_\_\_\_  
\_\_\_\_\_

**VII. References**

Please list the names, addresses, and phone numbers of three persons who are **PROFESSIONAL REFERENCES**, are not relatives, and whom you have known at least one year.

**(References Continued)**

1. Name: \_\_\_\_\_ Phone # - (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone # - (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone # - (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

**VIII Volunteer Information (if applicable)**

I am interested in membership with Greater Valley EMS in the following volunteer Division:

\_\_\_\_\_ Dive/SCUBA      \_\_\_\_\_ Rescue      \_\_\_\_\_ Air Services      \_\_\_\_\_ Medical

**IX Verification Statement**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed or accepted for membership, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give any and all information concerning my previous employment, any criminal record history including Health & Human Services searches, and any pertinent information they may have, and release all parties from all liability from any damage that may result from furnishing same to Greater Valley EMS, Inc.

I understand and agree that, if hired, my employment or membership is “at will” and for no definite period, may be terminated at any time, regardless of the date of any payment of wages, without prior notice and without cause.

I also understand that, in most cases, I am required to be 21 years of age to operate any motor vehicles for Greater Valley EMS, Inc. I will also be required to provide a record of my immunization upon commencement of my employment.

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

**AUTHORIZATION FOR PRIOR EMPLOYER OR REFERENCE TO RELEASE INFORMATION**

I, \_\_\_\_\_, (print name) hereby authorize my prior employers to release any and all information relating to my employment with them to Greater Valley EMS. I further release and hold harmless both my prior employers, references and Greater Valley EMS from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employers or references will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

\_\_\_\_\_  
(Applicant's signature) Printed Name: \_\_\_\_\_

If employed by a different name, please list: \_\_\_\_\_

\_\_\_\_\_  
(Date)

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# Fair Credit Reporting Act Candidate Notice and Disclosure

Greater Valley EMS, Inc. and/or Montrose Minute Men, (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, \_\_\_\_\_, agree that a facsimile or photocopy of this form is valid just like the original form.

I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

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Please print your full name.	Last	First	Middle
Current Address	City	State	Zip Code
(FOR IDENTIFICATION PURPOSES ONLY)	Social Security Number	Date of Birth	

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Signature

Today's Date

**GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.**

**For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.**

\_\_\_\_\_ I request a free copy of the report.

## STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

**MASSACHUSETTS:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

**NEW YORK:** If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

**WASHINGTON STATE:** You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

# Candidate Release Authorization

- I. In connection with my application for employment or continued employment at Greater Valley EMS, Inc. and/or Montrose Minute Men (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box.  The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by Greater Valley EMS, Inc. (the Company) or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Greater Valley EMS, Inc. (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

\_\_\_\_\_  
Please print your full name. Last First Middle

\_\_\_\_\_  
Please print other names you have used (maiden name, surname, alias name).

\_\_\_\_\_  
Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

\_\_\_\_\_  
Signature Today's Date

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Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

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

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 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](http://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](http://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](http://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 1-888-567-8688.

• **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](http://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:**  
Consumer reporting agencies,  
creditors and others not listed below

**CONTACT:**  
**Federal Trade Commission:**  
**Consumer Response Center -**  
**FCRA**  
Washington, DC 20580  
1-877-382-4357

National banks, federal branches/  
agencies of foreign banks (word  
"National" or initials "N.A." appear in  
or after bank's name)

**Office of the Comptroller  
of the Currency**  
Compliance Management  
Mail Stop 6-6  
Washington, DC 20219  
1-800-613-6743

Federal Reserve System member  
banks (except national banks and  
federal branches/agencies of foreign  
banks)

**Federal Reserve Board Division of  
Consumer & Community Affairs**  
Mail Stop 6-6  
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 or Interstate Commerce  
Commission

**Department of Transportation**  
Office of Financial Management  
Washington, DC 20590  
202-366-1306

Activities subject to the Packers and  
Stockyards Act of 1921

**Department of Agriculture**  
Office of Deputy Administrator -  
GIPSA  
Washington, DC 20250  
202-720-7051

## STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

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**APPLICANT SHOULD**

