

APPLICANT - KEEP THIS PAGE



A Summary of Your Rights Under the Fair Credit Reporting Act

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

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of this action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s—to which it has provided the date-of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide the information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free phone number for you to call if you want your name and address removed from the future lists. If you call, you must be kept off the lists for two years. If you request, COMPLETE and return the CRA form provided for this purpose, you must be taken off the lists immediately.
- **You may seek damage from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

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

For Questions or Concerns Regarding:	Please Contact:
CRA’s creditors and others not listed before	Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 #202-326-3761
National banks, federal branches agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name	Office of the Comptroller of the Currency Compliance’s Management Mail Step 6-6 Washington, DC 20219 #800-613-6743

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Federal Reserve System member banks (except national banks, and federal branch 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 "General" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington, DC 20552 #800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 #703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 #800-934-FDIC
Air, surface, or rail common carriers regulated by former civil Aeronautics Board 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

Application must be fully completed in order to be considered for any openings. Resumes accepted only with completed employment application. Applications not fully completed and resumes without applications will not be considered and will be discarded, unless otherwise solicited.

Prospective employees will receive consideration without discrimination based on race, color, religion, age, sex, pregnancy, national origin, ancestry, genetic information, veteran or military status, marital status, sexual orientation, disability or any other protected classification as established by applicable law



APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Telephone
	City, State, Zip				Business Telephone
	Have you ever applied for employment with us? Yes <input type="checkbox"/>				Social Security #
	If yes: Month and Year _____ Location _____ No <input type="checkbox"/>				
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/>				Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you been convicted of any crime in the past ten years? Yes <input type="checkbox"/> If "Yes," when, where and what was the disposition of the case(s)? Note: A conviction does not necessarily bar employment. No <input type="checkbox"/>				When will you be available to begin work?
					Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>
					If "Yes" with what employers?
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>					

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate? Please use X	Degree or Diploma
	Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Business / Trade / Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Elementary					

PERSONAL AND PROFESSIONAL REFERENCES. (DO NOT INCLUDE RELATIVES).

REFERENCES	Name	Company	Phone
1			
2			
3			
4			

Applicant Certification

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING THIS APPLICATION

I hereby certify that the facts set forth in my employment application are true and correct to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions made by me in this Application, the background check Authorization and Disclosure Form and during any interview are cause for being eliminated from consideration for employment or for immediate termination of employment.

I authorize Christopher Rural Health Planning Corporation to verify all pertinent information including but not limited to work experience, educational background and personal and professional references and will not hold Christopher Rural Health Planning Corporation or the provider of such references liable for the release of such information.

I will provide Christopher Rural Health Planning Corporation with proof of my United States citizenship or documentation proving my legal right to be employed in the United States in accordance with the Immigration Reform and Control Act prior to employment with Christopher Rural Health Planning Corporation, if offered employment.

In the event of employment with Christopher Rural Health Planning Corporation, I will comply with all rules and regulations as set forth in any handbook, personnel policies or other communications distributed within Christopher Rural Health Planning Corporation. I understand that, if hired, my employment will be at will, meaning that either Christopher Rural Health Planning Corporation or I may terminate my employment at any time for any reason, with or without prior notice. I understand that no one, other than an executive officer of Christopher Rural Health Planning Corporation, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer. I also understand that in connection with my employment application, I must complete a separate Authorization for background checks that may be conducted by a third party with respect to civil or criminal proceedings and any other background check information authorized to be obtained by law. I understand that Christopher Rural Health Planning Corporation may conduct any investigation into my background as permitted by law.

This application will expire in **SIX** months. After that date, unless notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

I understand further that if I am offered a position with Christopher Rural Health Planning Corporation my initial or continued employment may be contingent on my taking and passing a substance abuse test and my submitting to a physical or medical examination demonstrating my ability to perform the essential job functions of my offered position.

I fully understand and accept all terms and conditions in the above Applicant Certification.

Date _____

Signature _____

DISCLOSURE AND AUTHORIZATION FORM

In connection with your application for employment with Christopher Rural Health Planning Corporation and during any employment you authorize Midwest Backgrounds, Inc. ("MBI") to obtain and furnish reports from various agencies and organizations regarding your personal, residential, employment, criminal, driving, lawsuit, education, character and reputation records and history to your employer periodically or on an ongoing basis during your term of employment. No credit report or credit history information will be obtained or provided to your employer.

MBI DOES NOT INDEPENDENTLY ANALYZE, EVALUATE OR SUMMARIZE THE CONTENTS OF ANY SUCH REPORTS.

The amended Fair Credit Reporting Act (1997) requires that we inform you that a background check may be conducted as part of our employment screening process and/or during employment. The main objective of the background check is to verify information you provided on your application/resume or during the interview process. In the event that any report is utilized in making an adverse decision regarding your potential employment, MBI will provide you with an address to obtain a copy of the information or report and a description in writing of your rights under the law prior to making such an adverse employment decision. We will provide you with the disclosure within five (5) business days of the date on which we receive your written request.

I hereby authorize and request all reporting agencies (except credit reporting agencies), circuit courts and their officers, officials and employees, state agencies and their officials and employees, local and state law enforcement agencies, federal law enforcement agencies, International law enforcement agencies, department of motor vehicle facilities, past/present employers and educational institutions and any other agency or person having information relevant to my background for employment purposes, to release any and all information upon MBI's request. I further release, hold harmless and agree to indemnify any of the foregoing from any and all liability, injury, damages, claims, demands, causes of action, suits, judgments and executions, whether sounding in tort, contract, equity or law, which I and my heirs, personal representatives, assigns, executors and administrators now have, or in the future may have, against any of the foregoing for providing the requested reports to MBI. A copy or facsimile of this Authorization shall be as valid as the original.

PLEASE TYPE OR PRINT LEGIBLY

Applicant Name: _____
Last First Middle

Other names known by (Including Maiden) _____

Address: _____
Street City State Zip Country

Date of Birth: ____/____/____ (this is used for obtaining criminal and driving records only)

Driver's License # _____ State _____

SS#: _____ Male/Female (Circle One)

Home Addresses for the Past 7 Years:

Street Address City State County Dates Mo/Year

Previous Felony/Misdemeanor Criminal Convictions? ____ Yes ____ No

By law you are not obligated to disclose sealed or expunged records of conviction or arrest.

Charge/Conviction County State Dates Mo/Year

By my signature below, I hereby authorize Midwest Backgrounds, Inc. to obtain my personal history. I hereby state that I have read this document in detail and clearly understand the terms and rights that I have granted to MBI for the collection and release of the aforementioned information. I also acknowledge receipt of a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Applicant Signature _____ Date _____