



Temporary Hourly Employment Application

Human Resources
1090 James H. Zumberge Hall
Grand Valley State University
Allendale, MI 49401
(616) 331-2215
www.gvsu.edu/hro

APPLICANT PLEASE COMPLETE:

Last Name

First

Middle

Please specify the current open position for which you are applying:

1) Type of job(s) interested in (check all that apply)		2) Type of work desired (check all that apply)
<input type="checkbox"/> Clerical/Secretarial	<input type="checkbox"/> Maintenance/Custodial	<input type="checkbox"/> Temporary
<input type="checkbox"/> Technical	<input type="checkbox"/> Skilled trades	<input type="checkbox"/> Part-time _____ hrs/wk
<input type="checkbox"/> Library	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Full-time
3) Location desired (check all that apply)		4) Shift preference (check all that apply)
<input type="checkbox"/> Allendale	<input type="checkbox"/> Traverse City	<input type="checkbox"/> 1 st (days)
<input type="checkbox"/> Grand Rapids	<input type="checkbox"/> Muskegon	<input type="checkbox"/> 2 nd (afternoons)
<input type="checkbox"/> Holland		<input type="checkbox"/> 3 rd (evenings)

Thank you for considering Grand Valley State University for employment. Due to the large number of applications received, it is not always possible for a personal interview to be given when an application is submitted. However, your application will be reviewed by the Human Resources Office and if you are selected for an interview, you will be contacted by phone.

Current job openings are listed on our website at jobs.gvsu.edu. Completed applications can be submitted to the GVSU Human Resources Office by fax to (616) 331-3216 or by email to hro@gvsu.edu.

YOU MUST SUBMIT A SEPARATE APPLICATION TO GVSU HUMAN RESOURCES FOR EACH POSITION FOR WHICH YOU ARE APPLYING.

AGREEMENT

Grand Valley State University is an affirmative action/equal opportunity institution. It encourages diversity and provides equal opportunity in education, employment, all of its programs, and the use of its facilities. It is committed to protecting the constitutional and statutory civil rights of persons connected with the university. Unlawful acts of discrimination or harassment by members of the campus community are prohibited. In addition, even if not illegal, acts are prohibited if they harass or discriminate against any university community member(s) through inappropriate limitation of access to, or participation in, educational, employment, athletic, social, cultural, or other university activities on the basis of age, color, disability, familial status, height, marital status, national origin, political affiliation, race, religion, sex/gender, sexual orientation, veteran status, or weight. Limitations are lawful if they are: directly related to a legitimate university purpose, required by law, lawfully required by a grant of contract between the university and the state or federal government, or addressing domestic partner benefits. Michigan and federal law requires that you notify Grand Valley State University after you know or should have known that a job accommodation was needed. Failure to properly notify Grand Valley State University will preclude any claim that the employer failed to accommodate the employee.

In submitting this application I understand that: (1) Any falsification, misrepresentation, misleading statements, or omissions of fact, either on this application or during the pre-hire process constitutes grounds for rejection or dismissal. (2) I authorize my employer and former employers, schools, or persons named to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release said employers, schools, or persons and Grand Valley State University from all liability for any damage for issuing or receiving this information. (3) Employment is contingent upon meeting the requirements imposed by the Immigration Reform and Control Act of 1986, which requires a completed Form I-9, Employment Eligibility Verification, verifying identity and work eligibility on persons hired. (4) Employment appointments are subject to the applicable probationary period, Administrative Manual Policies and/or collective bargaining contracts, and University rules as amended from time to time.

I agree that if I am employed by Grand Valley State University that in partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the even complained of and agree to waive any statute of limitations to the contrary.

I understand that as part of the employment screening process, Grand Valley State University may obtain a criminal history report of any felony convictions. I further understand that my appointment to an employment position at Grand Valley State University is not final until the University is satisfied with the criminal conviction information received, and other University requirements are satisfied.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Signature of Applicant

(This statement must be signed for your application to be considered.)

Date

BASIC INFORMATION**APPLICANT INFORMATION**

(Please complete thoroughly)

Name _____
Last First Middle

Present Address _____
Street City State Zip

Telephone # (daytime) () Alternate telephone # ()

1. Have you ever been employed by Grand Valley State University? ☐ Yes ☐ No

If yes, indicate location, position and dates of employment:

2. I was referred by: _____

3. List all relatives employed by Grand Valley:

Name:	Relationship:

4. Are you legally authorized to work in the United States? ☐ Yes ☐ No

5. Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? ☐ Yes ☐ No

6. Are you under 18 years of age? ☐ Yes ☐ No

Note: The permit must be presented before starting work.

7. Are you willing to work weekends and holidays as required? ☐ Yes ☐ No Comments: _____

8. Are you willing to work overtime when required? ☐ Yes ☐ No Comments: _____

9. Are you willing to travel if required to do so? ☐ Yes ☐ No Comments: _____

10. If the position applied for requires the operation of motorized vehicle, can you present a valid drivers' license? ☐ Yes ☐ No

11. Do you have any court-ordered restrictions on your license? ☐ Yes ☐ No

12. Can you perform the tasks of this position with or without an accommodation? ☐ Yes ☐ No

13. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please describe the nature and circumstances of the crime:

MILITARY SERVICE RECORD

1. Have you served in the U.S. Armed Forces? ☐ Yes ☐ No If yes, what branch? _____

2. Date of active duty: _____ to _____

3. What special training or usable skills did you acquire during your service?

EDUCATIONAL HISTORY

Is the name used on this application the same name you used while attending school? ☐ Yes ☐ No

If no, please give name _____

Name of School:	Type of School:	Major course of study:	Degree/Professional Certification, licenses earned, or special training:

EMPLOYMENT HISTORY

Is the name used on this application the same name you used while working? ☐ Yes ☐ No

If no, please give name _____

Most Recent Work Experience

Employer Name:	Job Title:	Starting Wage/Salary:	Ending Wage/Salary:
Phone:	Supervisor Name:	Supervisor Title:	Dates Employed: Begin: End:
Work Performed:			
Reason for Leaving:			

Prior Work Experience

Employer Name:	Job Title:	Starting Wage/Salary:	Ending Wage/Salary:
Phone:	Supervisor Name:	Supervisor Title:	Dates Employed: Begin: End:
Work Performed:			
Reason for Leaving:			

Prior Work Experience

Employer Name:	Job Title:	Starting Wage/Salary:	Ending Wage/Salary:
Phone:	Supervisor Name:	Supervisor Title:	Dates Employed: Begin: End:
Work Performed:			
Reason for Leaving:			

Indicate by name any of the above employers you do not wish us to contact: _____

Why? _____

REFERENCES

(List persons --- **other than relatives** --- likely to know your work skills and abilities)

We will be contacting your current supervisor:

Name:	Title:	How do you know this reference?	Phone/Email:

GVSU is committed to assisting all members of the university community in providing for their own safety and security. The Annual Security and Fire Report is available on the Grand Valley Police Department website at www.gvsu.edu/gvpd/. If you would like to receive a hard copy of the Annual Security and Fire Report, you can stop by the Service Building or you can request that a copy be mailed to you by calling (616) 331-3255. The website and booklet contain information regarding campus security and personal safety including topics such as: crime prevention, fire safety, university police law enforcement authority, crime reporting policies, disciplinary procedures, and other matters of importance related to security and safety on campus. They also contain information about crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by GVSU; and on public property within, or immediately adjacent to and accessible from the campus. This information is required by law and is provided by the Grand Valley Police Department.

To be completed by Clerical/Secretarial Applicants Only

SKILLS AND ABILITIES

Clerical/Secretarial Skills

Typing: _____ Approximate words per minute

Spelling: _____ Approximate percentage of accuracy

	<u>Skill Level</u>		
General Computer Knowledge:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Mainframes:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Desktop Publishing:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Word Processing:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

List Software: _____

Spreadsheets: ☐ Beginner ☐ Intermediate ☐ Advanced

List Software: _____

Databases: ☐ Beginner ☐ Intermediate ☐ Advanced

List Software: _____

Machines: ☐ Copier ☐ Fax ☐ Scanner ☐ Adding Machine/Calculator ☐ Dictaphone ☐ Switchboard Console

☐ Other: _____

Experience

Years of Experience

Computer Usage	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Word Processing	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Desktop Publishing	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Spreadsheets	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Databases	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Mainframe	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Data Entry/Retrieval	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Filing	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Receptionist Duties	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Multi – Line Phone	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Composing and Editing	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Proofreading	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Records Management	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Travel Arrangements	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Cashiering	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Coordinating Work of Others	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Supervision of Others	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Experience in Library Setting	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Experience as Secretary	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Accounts Payable or Receivable	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Mathematical Calculations	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Payroll Preparation	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Budget Monitoring/Reconciliation	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Formulation of Reports from statistical data	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Higher Education Experience	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years
Coordination of Meetings & Events	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5+ years

List other skills/abilities, which you feel would qualify you for work with this institution.

List Professional certifications, awards, or accomplishments you have achieved.

For Human Resources Use Only			
Testing	Typing	Score _____	Date _____
	Spelling	Score _____	Date _____



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact The Benefits Office at Grand Valley State University at 616-331-2220 or by email at healthandwellness@gvsu.edu

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Grand Valley State University		4. Employer Identification Number (EIN) 38-1684280	
5. Employer address 1090 James H. Zumberge Hall, 1 Campus Dr.		6. Employer phone number 616-331-2215	
7. City Allendale	8. State MI	9. ZIP code 49401	
10. Who can we contact about employee health coverage at this job? Health and Wellness, Benefits Office			
11. Phone number (if different from above) 616-331-2220		12. Email address healthandwellness@gvsu.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All employees.
 - ☒ Some employees. Eligible employees are:
 - o Faculty (includes Tenure Track, Visiting & part-time Visiting, Affiliate & Part-time Affiliate and Librarians)
 - o Clerical Office and Technical Staff (includes full-time, part-time, confidential and part-time confidential)
 - o Executive and Administrative Professional Staff (includes full-time, part-time, Academic Year, Coaches, twelve month Adjunct AP)
 - o Maintenance Grounds and Services Staff (including part-time)
 - o Public Safety
- Non-Eligible employees are:
 - o Part-time Instructor
 - o Senior Part-time Instructor
 - o Less than 12 Month Adjunct Administrative Professional
 - o Limited Part-time Clerical Office and Technical Staff
 - o Temporary Staff
 - o Students
 - o Graduate Assistants
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - o Spouse or a Household Member
 - o Children
 - o Step-Children
 - o Children of Household Member

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



GRAND VALLEY STATE UNIVERSITY

Employee Personnel Information

G# _____

Name _____
Last First Middle

Current Address: Telephone: _____

No. Street City State Zip

Employee's Date of Birth ____--____--____

In Emergency: Telephone: _____
Notify _____ # _____

Are you Hispanic or Latino ____ Yes ____ No

Circle All That Apply:

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Gender: ____ Male ____ Female

____ Disabled veterans, other protected veterans, armed forces service medal veterans, and veterans recently separated from military service.

Disabled: ____ Yes ____ No

If you need an accommodation based on your disability, please explain _____

I certify that the above information is accurate.

Signature Date

Please notify Human Resources if any of the above information changes.



HUMAN RESOURCES

1090 James H. Zumberge Hall • ALLENDALE, MI 49401

PHONE (616) 331-2215 • FAX (616) 331-3216

Authorization for Release of Information for Background Check

Fill out completely. Type or print clearly using black ink.

Name:				
_____	_____	_____	_____	_____
Last	First	Middle	Maiden	Other
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female * Date of Birth (MM/DD/YY) _____				
U.S. Social Security Number _____				
Driver's License or State ID Number _____ State _____				
Check here if you do not have a Driver's License or State ID card. <input type="checkbox"/>				
Phone Number: _____ Email Address: _____				

Current Address _____ County _____

City _____ State _____ Zip _____ Length of Residence _____

Previous Address _____ County _____

City _____ State _____ Zip _____ Length of Residence _____

Previous Address _____ County _____

City _____ State _____ Zip _____ Length of Residence _____

I, the undersigned, authorize Grand Valley State University through the department of State Police, Central Records Division, or any other independent contract agency, to conduct a credit history, motor vehicle report or criminal history file check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to Grand Valley State University. I understand that if I am separated from my employment with Grand Valley State University for a period of greater than 12 months, the University reserves the right to repeat these background checks.

I hereby authorize the release to an independent contract agency, of information held by any parties regarding previous employment, my criminal history record and/or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, military records, my credit history, worker's compensation history, driving record and scholastic records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from damage whatsoever for reusing this information. I hereby acknowledge that the independent contract agency cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release the independent contract agency, its agents and/or my prospective employer from any and all liability arising out of any errors or omissions regarding my background information and authorize them to release any and all information to my prospective employer.

Signature _____ Date _____

** Note: Age is not a criterion in any decision, but is used for identification purposes only.*

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TO BE COMPLETED BY EMPLOYER

☐ Criminal History

☐ Credit History

☐ Motor Vehicle Report

A Summary of Your Rights Under the Fair Credit Reporting Act

The 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 CRAs are credit bureaus that gather and sell information about you – such as where you work and live, if you pay your bills on time, and whether you’ve been sued, arrested, or filed for bankruptcy – to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission’s web site (<http://www.ftc.gov>).

- ◆ 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 give you the name, address, and phone number of the CRA that provided the report.
- ◆ You can find out what is in your file. A CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to a “risk score” or a “credit score” that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year 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 a fee of 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 reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.
- ◆ Inaccurate information must be deleted. A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- ◆ 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, they may not continue to report it 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 information about you only to those who have a need recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- ◆ Your consent is required for reports that are provided to employers or that contain medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.
- ◆ You can stop a CRA from including you on 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 number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.

- ◆ You may seek damages from violators. You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

You may have additional rights under state law. You may wish to contact a state or local consumer protection agency or a state attorney general to learn those rights.

If you have questions or believe your file contains errors, call our toll-free number: 800-245-2318

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 below	Federal Trade Commission Bureau of Consumer Protection – FCRA Washington, DC 20580 * 202-326-2222
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 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
Banks that are state-chartered, or are not Federal Reserve System members	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 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, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.