



Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to (Company Name), and/or its agent, Aurico Reports, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and FMCSA Part 391.23 investigation and inquiries. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items for the past three (3) years:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-B.

Previous DOT Employer	Address	City, State, Zip	
Position Held	Dates of Employment	Phone Number	Fax Number

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence. Please transmit back by fax to: 847-577-9605

- List employment dates: _____
- Qualified in what equipment? _____
- Driver's license ever revoked or suspended? _____

Accident History:				
Complete the following for any accidents included on your accident register (390.15 (b)) that involved the employee.				
Date of Accident	Location	No of Injuries	No of Fatalities	Hazmat Spill



Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

Application For Employment

Matthews Buses, Inc.
2900 Route 9 – Malta
Ballston Spa, NY 12020

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please Print Clearly

Date of Application: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cellular Number: _____

Position(s) Applied For: _____

How did you learn about Matthews Buses, Inc.?

- Advertisement Employee Referral Friend or Relative
Please Check One Employment Agency Walk In Other
____ Newspaper
____ Internet
____ Job Bank

Have you ever filled an application with us before? Yes No
If yes, give date: _____

Have you ever been employed with us before? Yes No
If yes, give date: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you legally permitted to work in the
United States? Yes No

(NOTE: Proof of eligibility will be required within three working days of employment.)

On What date would you be available for work? _____

Are you available for work: Full Time Part Time Shift Work Seasonal

Are you on "layoff" status and subject to recall? Yes No

Do you have a valid driver's license? Yes No

Can you travel if the job requires it? Yes No

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For Employment

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Ballston Spa, NY 12020

EDUCATION:

Education Level	Name & Address of School	Course of Study	Diploma/Degree
Elementary School			
High School			
Undergraduate College			
Graduate or Professional School			
Other (Specify)			
Military Experience	Branch	Rank	Honorable Discharge Yes or No

Do you know more than one language? Yes No

If so, in what form and how well:

Foreign Languages	Firm	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skill and extra-curricular activities.

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Describe any job related training received in the United States Military. *(If applicable)*

Please describe any specialized skills you possess that you feel may be helpful to us in considering your application.

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

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EMPLOYMENT EXPERIENCE:

Start with your present or previous job. Include any job related military service assignments and volunteer activities. *(You may exclude organizations which indicate gender, race, color, religion, national origin, disabilities or other protected status.)*

1.

Employer Name		Employed From	Employed To	Work Performed
Employer Address		Starting Pay Rate	Ending Pay Rate	
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

2.

Employer Name		Employed From	Employed To	Work Performed
Employer Address		Starting Pay Rate	Ending Pay Rate	
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

3.

Employer Name		Employed From	Employed To	Work Performed
Employer Address		Starting Pay Rate	Ending Pay Rate	
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

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PROFESSIONAL REFERENCES:

Name	
Company Name	
Company Address	
Phone Number	

Name	
Company Name	
Company Address	
Phone Number	

Name	
Company Name	
Company Address	
Phone Number	

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period of time should inquire as to whether or not applications are being accepted at that time.

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

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. In understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

Application For Employment

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AUTHORIZATION AND CONSENT FOR RELEASE OF PERSONAL INFORMATION

This authorization and consent for release of personal information acknowledges that Matthews Buses, Inc. (Hereafter referred to as "Company") and/or its agent, Aurico Reports, Inc., may now, or at any time I am assigned to or employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended, financial or credit institutions, including records of loans, records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me, records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either civil or criminal case in which I have been involved); records from the U.S. Veteran's Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, worker's compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair credit Reporting Act (15 USC section 1681 et seq). I also authorize any custodian of my military service records to release to Aurico Reports, Inc. my military service record including DD214 and all service records including any disciplinary records. In addition, if an International search is needed, I agree that, in accordance with host nation laws regarding the release of information, the data protection privacy act, the European privacy act and others, I authorized the release and transmittal of information from any country to Aurico Reports, Inc. and its agents including but not limited to our designated agents and information sources for satisfying the purposes of this background check.

I understand that these searches will be used to determine work assignment or employment eligibility under the Company's employment policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representative of the Company. In addition, I release and discharge the Company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting the information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Aurico Reports, 116 West Eastmar St., Suite 101, Arlington Heights, IL 60004, at telephone number (847) 255-1852. After reading this document, I fully understand its contents and authorize the background verification.

Do you reside in California, Minnesota or Oklahoma? Yes No

If so, do you want a copy of any Consumer Report prepared concerning you? Yes No

I understand that California law requires Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Sec. 1786.29).

Printed Name: _____
First Middle Last

Maiden Name: _____ Other last names used: _____

Signature: _____ Date: _____

(List all cities and states where you have lived for the past 7 years) Attach any additional sheet if necessary.

Street City County State Zip How long?

Current: _____

2. _____

3. _____

4. _____

Present Phone Number: _____ SSN: _____

Date of Birth (for Identification Purpose only): _____ Gender: Male Female

Driver's License Number: _____ State: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

Matthews Buses, Inc. ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon proper request to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the consumer report" and/or "investigative consumer report" will be conducted by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Signature: _____ **Date:** _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. 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, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, 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 Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<p>New York and Maine applicants, volunteers, contractors or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.</p>
<p>New York applicants, volunteers, contractors or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants, volunteers, contractors or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants, volunteers, contractors or employees only: 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.</p>
<p>Minnesota and Oklahoma applicants, volunteers, contractors or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p>California applicants, volunteers, contractors or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Signature: _____

Date: _____

BACKGROUND INVESTIGATION

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name: Middle Name: Last Name:

Maiden Name: Date Changed:

Other last names used: Date Changed:

Other last names used: Date Changed:

Other last names used: Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street	City	County	State	ZIP	How Long?
Current:					
2:					
3:					
4:					

Present Phone Number (with area code): Social Security Number:

Date of Birth* (MM/DD/YYYY):

Driver's License Number: Driver's License State:

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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 or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 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 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.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.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. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	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	b. Federal Reserve Consumer Help Center

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	P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 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 Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. 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 the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St, N.E. 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	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-43557

FOR NEW YORK APPLICANTS ONLY

NEW YORK STATE CORRECTION LAW ARTICLE 23-A: LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§ 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 [fig 1], 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 [fig 1] in this state or in any other jurisdiction, [fig 2] 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 [fig 1] 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 [fig 2] 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:
 1. 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.
 2. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 3. 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.
 4. The time which has elapsed since the occurrence of the criminal offense or offenses.
 5. The age of the person at the time of occurrence of the criminal offense or offenses.
 6. The seriousness of the offense or offenses.
 7. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
 8. 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.

FOR CALIFORNIA RESIDENTS ONLY

California Consumer Rights

The following information may be obtained from Aurico Reports, Inc., 116 West Eastman Street, Suite 101, Arlington Heights, IL 60004 ("Agency"). Our office hours are from 7 a.m. to 7 p.m. CST. Our telephone number is (844) 220-6741.

You have rights when an investigative consumer report is obtained by you. The following are some of your rights:

1. Whoever obtained the report is required to give you a free copy.
2. You have the right to contact the Agency that made the report. You can do this in one of the following ways:
 - (a) You may go to the Agency in person during the normal business hours. You can bring someone with you. That person may be required to present identification. You may be required to sign a paper allowing the Agency to discuss your file with or to show your file to this person.
 - (b) You may receive your file by certified mail, if you have given written notice to the Agency that you want information mailed to you or to another person you want to receive the file. You will be required to provide identification when you write for your file.
 - (c) You may be able to discuss your file over the telephone if you have given written instructions to the Agency and have provided identification.
3. You have the right to receive a copy of your file or your investigative consumer report at the Agency. You may be charged up to \$8.00 to obtain a copy of your report or file. However, you may receive a free copy if:
 - (a) Once during a twelve month period if you are unemployed and intend to seek employment within sixty (60) days or you receive public welfare assistance or you believe your file contains inaccurate information because of fraud.
 - (b) If you are receiving a copy from the Agency relating to an investigation into the accuracy of the information you have disputed or if information is put back into your file.
4. You have the right to know the following information:
 - (a) The names of the persons and the companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.

- (b) Explanations of any codes or abbreviations used in your report, so you can understand the report.
5. You have the right to dispute any information in your file. You must contact the Agency directly to do so. The person who ordered a report is required to give you the name and address of the Agency.
- (a) The Agency has thirty (30) days from the day it received your dispute to complete the investigation.
 - (b) When the Agency is done with the investigation, it must tell you of any changes made in the report as a result of the investigation.
 - (c) If the investigation does not remove the information disputed by you, you have the right to place your statement of the facts in your file. The Agency has people to help you write the statement. The Agency may limit your statement to five hundred (500) words.
 - (d) If information is removed or you add a statement to your file, you can request the Agency to send the report, as changed or with your statement, to anyone who received the information in the last two (2) years.
 - (e) If information that is removed from your files is placed back in your file, you are entitled to receive written notice of that fact and you have the right to dispute the information added.
6. You also have rights under federal law in regard to your report. A copy of those rights are given to you with this California statement of consumer rights. Many of these rights are also included within California law. Under federal law, your report is called a consumer report, not an investigative consumer report, if it did not include personal interviews.

SOLO PARA RESIDENTES DE CALIFORNIA

Derechos del Consumidor de California

Ud. tiene derechos cuando una investigación de reporte al consumidor es obtenida por ud. los siguientes son sus derechos:

La siguiente información puede obtenerse a partir de Aurico Reports, Inc. 116 West Eastman Street, Suite 101, Arlington Heights, IL 60004 ("Agencia"). Nuestro horario de oficina es de 7 a.m. to 7 p.m. CST. Nuestro teléfono es (844) 220-6741.

1. Quien sea que obtenga el informe, es requerido darle a ud. una copia gratis.
2. Ud. tiene el derecho de contactar a la Agencia que hizo el reporte (informe). Ud. puede hacer esto de una de las siguientes maneras:
 - (a) Ud. podría ir en persona durante horas de oficina. Ud. puede llevar a un acompañante. Su acompañante puede ser requerido a presentar identificación válida. Se le puede requerir a firmar un papel permitiendo a la Agencia discutir o revelar su información a su acompañante.
 - (b) Ud. puede recibir su archivo por correo certificado, si ud. ha dado notificación por escrito a la Agencia para que su información sea enviada a ud. o a otra persona a quien ud. desea que se le envíe la misma. Se requiere proveer su información cuando envíe por la misma.
 - (c) Ud. puede discutir su archivo por teléfono si es que ud. ha dado las instrucciones por escrito a la Agencia y ha provisto su información necesaria.
3. Ud. tiene el derecho de recibir una copia de su archivo o su informe de la investigación al consumidor en la Agencia. Puede haber un cargo hasta de \$8.00 para obtener una copia de su informe o su archivo. De todos modos, podría recibir una copia gratis si:
 - (a) Una vez, durante un periodo de doce (12) meses si ud. esta sin empleo y trata de conseguir empleo en un periodo de sesenta (60) días, o si ud. recibe ayuda de asistencia pública, o también si ud. cree que su archivo contiene información no correcta por fraude.
 - (b) Si ud. recibe una copia de la Agencia relacionada a una investigación no exacta que cuestionó o si la información fue regresada a su archivo.
4. Ud. tiene el derecho de conocer la siguiente información:
 - (a) Los nombres de las personas y compañías que hayan recibido algún informe suyo en los últimos tres (3) años. Ud. puede requerir sus direcciones y números telefónicos.

- (b) Explicaciones de algunos códigos o abreviaciones usados en su informe para que ud. pueda entenderlo.
5. Ud. tiene el derecho de discutir o cuestionar cualquier información en su archivo. Para hacer eso deberá contactar a la Agencia directamente. La persona que ordena el informe es requerida de darle el nombre y la dirección de la Agencia.
- (a) La Agencia tendrá treinta (30) días hábiles desde el día que recibe su queja para completar la investigación.
 - (b) Cuando la Agencia haya terminado con la investigación deberá informar a ud. de cualquier cambio producido en el informe como resultado de la investigación.
 - (c) Si la investigación no quita (borra) la información que ud. cuestiona, ud. tiene el derecho de poner su declaración de los hechos en su archivo. La Agencia tiene gente capacitada para ayudarle a escribir su declaración. La Agencia podría limitar su declaración a quinientas (500) palabras.
 - (d) Si hay información quitada o agregada en la declaración de su archivo, ud. puede pedir a la Agencia enviar el informe con la nueva información de su declaración a cualquiera que haya recibido la información en los últimos dos (2) años.
 - (e) Si la información que fue quitada de su archivo es retornada al mismo, entonces, ud. tiene la facultad de recibir notificación por escrito de aquel hecho y tiene el derecho a disputar la información agregada.
6. Ud. también tiene derechos bajo ley federal respecto a su informe. Una copia de esos derechos le serán dadas con esta declaración de los derechos al consumidor de California. Muchos de estos derechos están incluidos en la ley del estado de California. Bajo ley federal, su informe es llamado Reporte del Consumidor, no una investigación al consumidor, si eso no contiene entrevistas personales.