

APPLICATION FOR EMPLOYMENT
Full-Time Police Officer

Stoneham Police Department
47 Central Street
Stoneham, MA 02180-2044
(781) 438-1215

You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.

1. These forms must be typewritten or printed in blue ink by the applicant himself/herself. All questions must be answered, if applicable. If not applicable, indicate N/A.
2. Failure to answer any and all questions truthfully, accurately or completely shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination from employment.
3. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
4. If, after submitting this application, you become no longer interested in appointment, please notify the Chief of Police by letter in a timely manner.

All applicants must submit the following documents with their applications:

- One official copy of your High School Diploma or Equivalency Certificate
- One official copy of your higher education transcripts from any/all college and graduation study (if applicable).
- One certified copy of your birth certificate
- One photocopy of your Social Security card
- One photocopy of your Massachusetts driver's license
- One photocopy of your DD-214 (if applicable)
- One photocopy of your Massachusetts License to Carry Firearms (if applicable)
- One current credit history report from a credit reporting bureau
- Writing sample – Please submit with your application a handwritten (or printed by hand) 200 word essay explaining why you want to be a police officer. You may also include in this essay other topic areas such as your career goals.

I have read and understand the above instructions.

Candidate Signature: _____

Date Received by Department: _____ by: _____

**Town of Stoneham
Police Department**

The Town of Stoneham is an Equal Opportunity Employer and does not discriminate against any applicant because of race, color, religious creed, national origin, ancestry, sex, age, marital status, pregnancy, physical or mental disability, sexual orientation, genetic information, gender identity, veteran's status or any other class protected by federal, state, or local law.

It is unlawful in Massachusetts to require or administer a polygraph test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability (MGL Chapter 149, section 19B).

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING
THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED**

TRUTHFULNESS

One of the most critically important issues that define the effectiveness of any organization is the perception that it is credible. Central to that image is the integrity and truthfulness of the Department's employees, from the newest entrant through the top-level managers.

The need for honest, impartial and accurate representation of facts is nowhere more vital than within a law enforcement agency, where success or failure rests with the degree of public support it receives. Public support can quickly erode where there is a lack of credibility within the organization.

The very basis of an individual's integrity, as perceived by the public, friends, and fellow workers is at stake whenever there is a lack of truthfulness. The loss of integrity by an individual or group of individuals can quickly spread throughout the Department.

As Chief, it is my responsibility to maintain the effectiveness of the Stoneham Police Department as a viable law enforcement agency. This document serves as notice that untruthfulness of any kind by any member of this Department, including applicants, will not be tolerated. You are therefore advised that all information disclosed or learned during the application process will be verified by means of a thorough, integrity-based background investigation.

Any statements or omissions, either written or verbal, given by an applicant, which prove to be false or misleading, can result in the applicant being disqualified from consideration and/or termination from employment with the Stoneham Police Department.

Sincerely,

James McIntyre
Chief of Police

Applicant Signature

Date

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND
AND AGREE TO THE TERMS AS STATED**

TOBACCO PRODUCTS

Effective January 1, 1988, no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter in a city or town and no person so appointed after said date shall continue in such office or position if such person thereafter smokes any tobacco products.

Tobacco Product Defined: A product containing, made or derived from tobacco or nicotine that is intended for human consumption, whether smoked, chewed, absorbed, dissolved, inhaled, snorted, sniffed or ingested by any other means including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, snuff, electronic cigarettes, electronic cigars, electronic pipes, electronic nicotine delivery systems or any other similar products that rely on vaporization or aerosolization.

A "tobacco product" shall also include any component, part or accessory of a tobacco product.

A "tobacco product" shall not include a product that has been approved by the United States Food and Drug Administration for the sale of or use as a tobacco cessation product and is marketed and sold exclusively for the approved purpose.

Applicant Signature

Date

SECTION ONE
PERSONAL INFORMATION

1. Name: _____
Last
First
Middle

2. Address: _____

City/Town
State
Zip Code

3. Date of Birth: _____ Birth Place: _____

4. Social Security Number: _____

5. Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

6. Please list other names used, including nicknames; females, if married should list maiden name:

Name	Date(s) when used
Circumstance	

Name	Date(s) when used
Circumstance	

7. Are you a United States Citizen? [] Yes [] No
 Naturalized Citizen? [] Yes [] No Naturalization Number: _____

8. Marital Status – check one: [] Single [] Married [] Widowed [] Divorced [] Separated

Current Spouse

Full Name:	Date of Birth
Address	Telephone
If Separated, Date of Separation:	

Former Spouse (if applicable)

Full Name:		Date of Birth
Address		Telephone
Divorced: [] Yes [] No	Date of Divorce	Widowed: [] Yes [] No

If married, divorced, or separated more than once, please use an additional sheet of paper. Be sure to number your response to match the number of the applicable question.

SECTION TWO
RESIDENCES

- List chronologically all your residences in the past ten years. If you attended school away from your permanent residence, list the addresses you lived at while attending school. Also, if applicable list all addresses while in the military. For any addresses in the past three years, list a person who knew you at that address, preferably someone who still lives in that area.

Present Address		
From: Month/Year	To: Month/Year	Landlord Name and Telephone Number

Prior Address		
From: Month/Year	To: Month/Year	Landlord Name and Telephone Number
Person who can verify residency		Telephone Number

Prior Address		
From: Month/Year	To: Month/Year	Landlord Name and Telephone Number
Person who can verify residency		Telephone Number

Prior Address		
From: Month/Year	To: Month/Year	Landlord Name and Telephone Number
Person who can verify residency		Telephone Number

Prior Address			
From: Month/Year	To: Month/Year	Landlord Name and Telephone Number	
Person who can verify residency		Telephone Number	

Prior Address			
From: Month/Year	To: Month/Year	Landlord Name and Telephone Number	
Person who can verify residency		Telephone Number	

Prior Address			
From: Month/Year	To: Month/Year	Landlord Name and Telephone Number	
Person who can verify residency		Telephone Number	

SECTION THREE
EDUCATION

- List all schools you have attended, beginning with the most recent and working back ten years. List college or university degrees and the dates they were received. If your most recent degree or diploma was received more than ten years ago, list it below no matter when it was received.

Name of School	Major	From: Month/Year	To: Month/Year
Address		Degree	

Name of School	Major	From: Month/Year	To: Month/Year
Address		Degree	

Name of School	Major	From: Month/Year	To: Month/Year
Address		Degree	

Name of School	Major	From: Month/Year	To: Month/Year
Address		Degree	

Name of School	Major	From: Month/Year	To: Month/Year
Address		Degree	

Name of School	Major	From: Month/Year	To: Month/Year
Address		Degree	

2. Were you ever dismissed, censured, suspended or expelled from a school, college or university?
 Yes No If yes, please explain: _____

3. Have you ever been compelled to withdraw from a class or course for any reason? Yes No
If yes, please explain: _____

4. List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

School	Type of Award, Honor, Citation, Position, Athletic Endeavor or Recognition

5. Please indicate any proficiency in foreign languages. Indicate “slight”, “good”, or “fluent”.

Language	Speak	Comprehend	Read	Write

6. Please list any abilities, interests, and/or hobbies, with your degree of proficiency.

Ability, Interest or Hobby	Degree of Proficiency		
	Average	Good	Excellent
	Average	Good	Excellent
	Average	Good	Excellent
	Average	Good	Excellent
	Average	Good	Excellent
	Average	Good	Excellent

SECTION FOUR
EMPLOYMENT HISTORY

1. List chronologically all employment, including summer and part-time employment. All time must be accounted for. If unemployed for a period, indicate the period setting forth the dates of unemployment.

PRESENT Employer	To:	From:	Salary
Address		Telephone	
Position Held		Supervisor	
Responsibilities			

Name of Employer	To:	From:	Salary
Address		Telephone	
Position Held		Supervisor	
Responsibilities			
Reason for Leaving			

Name of Employer	To:	From:	Salary
Address		Telephone	
Position Held		Supervisor	
Responsibilities			
Reason for Leaving			

Name of Employer	To:	From:	Salary
Address		Telephone	
Position Held		Supervisor	
Responsibilities			
Reason for Leaving			

Name of Employer	To:	From:	Salary
Address		Telephone	
Position Held		Supervisor	
Responsibilities			
Reason for Leaving			

Name of Employer	To:	From:	Salary
Address		Telephone	
Position Held		Supervisor	
Responsibilities			
Reason for Leaving			

2. Have you ever been fired or forced to resign from employment due to misconduct or unsatisfactory work performance?

Yes No If yes, please explain: _____

3. Have you ever received a warning or discipline at work? Yes No

If yes, please explain: _____

4. Have you ever resigned from a job to avoid being fired? Yes No

If yes, please explain: _____

5. Are you eligible for rehire with each of your former employers? Yes No

If no, please explain: _____

6. Have you been admitted to practice law in any jurisdiction? Yes No

Date Admitted: _____ State: _____

Date Admitted: _____ State: _____

SECTION FIVE
MILITARY RECORD

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No
If yes, please complete the following section:

Branch of Military Service		Highest Rank Attained	
Serial Number	Date Served From	Date Served To	
Type of Discharge		Basis for Discharge	

2. Are you a Member of the Reserve? Yes No Branch: _____
3. Are you a Member of the National Guard? Yes No If you attend drills, meetings or camps, please list the unit and location: _____
4. Was ANY type of disciplinary action taken against you while in the Military Service?
 Yes No If yes, please write or type your version of the incident or event on a separate piece of paper. Be sure to number your response to match the number of the applicable question.
5. Do you claim veteran's preference? Yes No If yes, please indicate the basis:
- | | |
|---|---|
| <input type="checkbox"/> Active prior to June 6, 1976 | <input type="checkbox"/> Active duty in Grenada |
| <input type="checkbox"/> Active duty in Panamanian Intervention Force | <input type="checkbox"/> Active duty in Lebanon |
| <input type="checkbox"/> Active duty in Desert Storm | <input type="checkbox"/> Active duty in Operation Iraqi Freedom |
| <input type="checkbox"/> Active duty in Operation Enduring Freedom | <input type="checkbox"/> Other: _____ |
6. If served on active duty, please list dates: _____
- _____
- _____

SECTION SIX
REFERENCES

1. List four references (not relatives, in-laws, former or present employers; only one reference may be a police officer) who are responsible adults, have reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

Name	Address	
Telephone	Occupation	
How does this person know you?		Years acquainted?

Name	Address	
Telephone	Occupation	
How does this person know you?		Years acquainted?

Name	Address	
Telephone	Occupation	
How does this person know you?		Years acquainted?

Name	Address	
Telephone	Occupation	
How does this person know you?		Years acquainted?

SECTION SEVEN
CRIMINAL RECORD

1. Have you ever been convicted of a FELONY in any jurisdiction? [] Yes [] No If yes, please complete the following section.

Full Description of the Criminal Offense		
Date of Offense	Court and Docket Number	Date of Conviction
Disposition/Sentence		

Full Description of the Criminal Offense		
Date of Offense	Court and Docket Number	Date of Conviction
Disposition/Sentence		

Full Description of the Criminal Offense		
Date of Offense	Court and Docket Number	Date of Conviction
Disposition/Sentence		

Full Description of the Criminal Offense		
Date of Offense	Court and Docket Number	Date of Conviction
Disposition/Sentence		

2. Have you ever been or are you currently the subject of any temporary or permanent abuse prevention order, restraining order or harassment prevention order in Massachusetts or any other state/jurisdiction? [] Yes [] No If yes, please complete the following section.

Date of Order	Docket Number	Court
Plaintiff	Disposition	

Date of Order	Docket Number	Court
Plaintiff	Disposition	

Date of Order	Docket Number	Court
Plaintiff	Disposition	

3. Have you been, or are you now, a defendant in any civil court action? [] Yes [] No If yes, please complete the following section.

Nature of Civil Action	Date of Action	Court and Docket Number
Disposition		

Nature of Civil Action	Date of Action	Court and Docket Number
Disposition		

Nature of Civil Action	Date of Action	Court and Docket Number
Disposition		

SECTION EIGHT
LICENSES/DRIVING RECORD

1. Please provide your Massachusetts driver's license number and expiration date:
Driver license number: _____ Expiration: _____
2. Has your driver's license ever been revoked or suspended in Massachusetts or any other state/jurisdiction? Yes No If yes, please explain: _____

3. Have you ever received a traffic citation (either written warning or citation) from a police officer in Massachusetts? Yes No If yes, please explain: _____

4. Have you ever received a traffic citation (either written warning or citation) from a police officer outside of Massachusetts? Yes No If yes, please explain: _____

5. Have you ever been involved in an automobile crash in any state? Yes No If yes, how many automobile crashes have you been involved with? _____

6. Do you currently owe money for:

Traffic Fines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court/Jurisdiction	Amount
Parking Tickets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court/Jurisdiction	Amount
Excise Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court/Jurisdiction	Amount

7. Have you ever been issued any type of license to carry firearms? Yes No If yes, please complete the following section.

License Type	License Number	Issued By	Date	Reason

8. Has your license to carry firearms ever been revoked or suspended? [] Yes [] No If yes, please explain: _____

9. Have you ever applied for and been denied a firearms license? [] Yes [] No If yes, please provide details, including the date of denial, person denying the application and reason.

SECTION NINE
GENERAL INFORMATION

1. Have you previously been employed by the Town of Stoneham? [] Yes [] No If yes, please provide the department name, position held and employment dates:

2. Do you personally know any police officers working in the Stoneham Police Department?
[] Yes [] No If yes, please provide the officers names:

3. Have you ever been a candidate for employment as a police officer in another department and been declined an offer for employment? [] Yes [] No If yes, please list the department(s), date(s) of candidacy, and the reason employment was not offered: _____

4. Are you willing to work any shift, including, for example, 11 p.m. to 7 a.m., 3 p.m. to 11 p.m., weekends, and/or holidays? [] Yes [] No If no, please explain: _____

5. Are you now, or have you ever been, a member of a group which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? [] Yes [] No

If yes, fully explain your involvement in the organization on a separate piece of paper. Be sure to number your response to match the number of the applicable question.

SECTION TEN
RELATIVES

1. All candidates must provide complete information concerning members of their immediate family (including former spouses), even if said relatives are deceased (you must provide the requested information and indicate the deceased's last residence and year of death). Include step-parents, legal guardians, others who may have reared you in place of your biological parents, step-brothers and sisters, as well as half-brothers and sisters.

Father	Address
Step Father [] Yes [] No	Foster Father [] Yes [] No
Date of Birth	Telephone

Mother	Address
Step Mother [] Yes [] No	Foster Mother [] Yes [] No
Date of Birth	Telephone

Spouse (Include Maiden Name)	Address
Date of Birth	Telephone

Child	Address
Step Child [] Yes [] No	Foster Child [] Yes [] No
Date of Birth	Telephone

Child	Address
Step Child [] Yes [] No	Foster Child [] Yes [] No
Date of Birth	Telephone

Child	Address
Step Child [] Yes [] No	Foster Child [] Yes [] No
Date of Birth	Telephone

Child	Address
Step Child [] Yes [] No	Foster Child [] Yes [] No
Date of Birth	Telephone

Brother	Address
Step Brother [] Yes [] No	Half Brother [] Yes [] No
Date of Birth	Telephone

Brother	Address
Step Brother [] Yes [] No	Half Brother [] Yes [] No
Date of Birth	Telephone

Brother	Address
Step Brother [] Yes [] No	Half Brother [] Yes [] No
Date of Birth	Telephone

Brother	Address
Step Brother [] Yes [] No	Half Brother [] Yes [] No
Date of Birth	Telephone

Sister	Address
Step Sister [] Yes [] No	Half Sister [] Yes [] No
Date of Birth	Telephone

Sister	Address
Step Sister [] Yes [] No	Half Sister [] Yes [] No
Date of Birth	Telephone

Sister	Address
Step Sister [] Yes [] No	Half Sister [] Yes [] No
Date of Birth	Telephone

Sister	Address
Step Sister [] Yes [] No	Half Sister [] Yes [] No
Date of Birth	Telephone

Other	Address
Date of Birth	Telephone
Relationship	

Other	Address
Date of Birth	Telephone
Relationship	

I, _____, being duly sworn, depose and state I am the above-named person. I signed the foregoing statements. I personally read and printed by hand or typewrote answers to each and every question therein, and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature

Sworn before me this _____ day of _____ 202__.

Notary Public
My Commission Expires: _____

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING
THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED**

I understand that a medical physical examination, which includes a drug screening urinalysis and/or hair sampling and psychological examination may be required after a conditional offer of employment has been made. I understand that this is not a contract for employment and I, or the municipality, may sever this application process at any time and for any reason. Any oral or written statement to the contrary, including any which are made by a Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand that the Stoneham Police Department has established day and night tours of duty for which I must be available as required. I further understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withheld information or false statements on this application will be the basis for rejection of my application or dismissal from the Stoneham Police Department, if any are found. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Stoneham Police Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying. Said information shall include, but is not limited to personnel records from previous employers.

I understand that any employment offer by the Town of Stoneham is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Printed Name

Date

Signature of Applicant

**POLICE OFFICER APPLICANT
CONSENT TO OBTAIN CRIMINAL OFFENDER RECORD INFORMATION**

The Stoneham Police Department has been certified by the Criminal History Systems Board for access to adjudication, conviction, and pending criminal case data (CORI). As an applicant for the position of police officer with the Stoneham Police Department, I, _____, hereby authorize the Town of Stoneham Police Department to conduct a criminal history records check for adjudication, conviction, and pending criminal case data. Further, I acknowledge and understand that my fingerprints will be searched against the database maintained by the Federal Bureau of Investigation.

This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Stoneham Police Department with written notice of my intent to withdraw my consent for a CORI check.

Signature

Date

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

I, _____, (Date of Birth) _____, having filed an application for employment with the Stoneham Police Department, consent to have an investigation made as to my moral character, reputation and fitness for the position to which I have applied. I also agree that such information may be received, reported to and reviewed by the appointing authority. I agree to give any further information, which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Stoneham Police Department any such information, including, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Further, I authorize any and all hospitals, clinics, doctors, and others having control of any of my medical records, including laboratory reports, x-rays, etc., to release them or copies of them to the Stoneham Police Department. Specifically, I understand that the information I am authorizing release may contain drug or alcohol related information and is protected under Federal Regulations 42 CFR.

I hereby release, discharge and exonerate the Stoneham Police Department, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Stoneham Police Department.

This authority shall continue for one year unless sooner revoked in writing by the undersigned.

Printed Name: _____ Date: _____

Signature: _____ Social Security Number ____ - ____ - ____

Address: _____

Witness Name (Printed): _____

Signature: _____ Date: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of 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.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent

given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **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.ftc.gov/credit.

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

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center · FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “NA.” 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 Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64106-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator · GIPSA Washington, DC 20250 202-720-7051