



Torrington Savings Bank (“the Bank”) is an equal opportunity and affirmative action employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Bank considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, gender identity/expression, genetic information, intern status or any other legally protected status. Applicants requiring reasonable accommodation in the application process should notify Human Resources.

INSTRUCTIONS: The application must be completed in its entirety. Print and send to Torrington Savings Bank, Human Resources, 129 Main Street, Torrington, CT 06790 or via fax to 860-496-4442.

PERSONAL AND POSITION INFORMATION

Last Name	First Name	Middle			
Address	Number	Street	City	State	Zip Code
Telephone Number(s): Home		Work	Cell		
Email Address:					

Position(s) applied for: _____ Hourly Rate/Salary desired? _____

On what date would you be available to work? _____ Are you available to work: Full-time Part-time

Days available to work:
 _____ AM - _____ PM
 _____ AM - _____ PM
 _____ AM - _____ PM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No

If employment is offered, can you produce documentation required by law to establish work authorization and identity? Yes No

Are you currently on “lay-off” status and subject to recall? Yes No

Can you work overtime if your job requires it? Yes No

Do you have reliable transportation to and from work? Yes No

If your job requires you to use a personal vehicle, would you have one to use? Yes No

Can you provide a valid driver’s license and proof of insurance if required to drive? Yes No

Have you ever applied to or worked at this Bank before? Yes No

If yes, list dates of employment, location/department/position and (if applicable) former name:

Do you have any friends or relatives working at the Bank? Yes No

If yes, list name and relationship to you: _____

EDUCATION AND TRAINING

	Name and City/State	Major / Course of Study	Last Year Completed	Degree/GPA
High School, Prep School		N/A	1 2 3 4	
College, University			1 2 3 4	
Graduate, Trade, Business School			1 2 3 4	

List scholastic honors, offices held and activities in high school/college and any scholarships/awards:

If you did not graduate, why did you leave school? _____

Are you planning to pursue further studies? Yes _____ No _____ If yes, where, when and what courses:

Describe any licenses or certifications (type, which state(s), date(s), license number(s): _____

Has any license/certification been surrendered, suspended or revoked for any reason? If so, please explain:

Military Service (Dates, Branch, Characterization of Discharge) : _____

Use the space below to describe your interest in banking and the skills and aptitudes that you feel qualify you for a position at the Bank. If you need more space, please continue a separate sheet.

EMPLOYMENT EXPERIENCE

Have you ever been dismissed, involuntarily terminated or terminated by mutual agreement? Yes No
Have you ever been asked/forced to resign or given choice to resign rather than termination? Yes No
If yes, please explain: _____

Starting with your **most recent employment**, provide your **complete** employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. Please be aware that your current and previous employers may be contacted. If you provide a resume, you must still provide all this information.

Employer _____ From _____ To _____
Address _____
Telephone Number(s) _____ Job Title: _____
Duties & Accomplishments: _____

Supervisor (Name and Title) _____
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Telephone Number(s) _____ Job Title: _____
Duties & Accomplishments: _____

Supervisor (Name and Title) _____
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Telephone Number(s) _____ Job Title: _____
Duties & Accomplishments: _____

Supervisor (Name and Title) _____
Reason for leaving _____

(If you need additional space, please continue on back of application or attach additional sheets.)

PROFESSIONAL REFERENCES FOR EMPLOYMENT

Please provide names of 3 professional references, not related to you, whom you have known at least one year.

<u>NAME</u>	<u>TITLE/ADDRESS</u>	<u>HOME PHONE</u>	<u>BUSINESS PHONE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

NOTICE REGARDING POLYGRAPH TESTS

No applicant or employee shall be required to take a polygraph test or any form of mechanical or electrical lie detector test as a condition of employment or as a condition of continued employment.

AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate Torrington Savings Bank or any of its business affiliates (hereafter "the Bank").

In consideration of my employment, I agree to conform to the policies and procedures of the Bank, as they may from time to time be implemented or revised, and that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either the Bank or myself. I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Bank that in any way would limit the Bank's right to terminate my employment at will. I understand that no supervisory, management or any other employee at the Bank has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of the Bank or conduct of anyone at the Bank should be interpreted to make such a guarantee, unless the President of the Bank specifically agrees to such change in writing signed by the President and me.

I understand that false or misleading information given in my application, resume, interview or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and satisfactory results from any other required background checks or preemployment tests. I understand that I may be subject to a drug test and/or a medical examination that I must pass as a condition of employment. I understand that if I am paid a weekly salary rather than an hourly rate, my salary is intended to compensate me for all hours I work, including any hours in excess of 40 hours in a work week.

I have read, understood and agree to the foregoing.

Signature of Applicant

Date

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

As part of the interview process, Torrington Savings Bank and any of its business affiliates (hereafter “the Bank”) may conduct a background check. If you are hired, the Bank may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, the Bank may obtain a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. A consumer report may include information regarding such issues as your credit standing,* criminal record,** motor vehicle record, character and reputation. If the Bank obtains a “consumer report” about you, and considers any information in the “consumer report” when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized and other information required by the FCRA (including a summary of your rights under the FCRA and the name, address and telephone number of the consumer reporting agency and other applicable federal agencies). Your signature below authorizes The Bank to obtain consumer reports regarding you from consumer reporting agencies in connection with your application, and if hired, at any time during the course of your employment.

You are required to provide the following information so that the Bank may conduct the background check:

Social Security #***: _____ - _____ - _____ Date of Birth***: _____

Driver’s License No: _____ State: _____ Issue Date: _____ Exp. Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____ From _____ To _____

Prior Address: _____

City: _____ State: _____ Zip: _____ From _____ To _____

Print Name: _____

Print Former Name: _____ Dates Used: _____

Signature: _____

Please note that the consumer reporting agency may contact you directly to request additional information needed to perform the background check and you are required to comply with any such request for information as part of the application process.

***For individuals in Connecticut:** The Bank may obtain and/or use a credit report pertaining to any Connecticut applicants or employees because it is a financial institution.

****For applicants in Massachusetts:** The Bank will not obtain and/or use a criminal background report pertaining to any Massachusetts applicants until they are interviewed or thereafter.

***Social Security Number and Date of Birth are necessary in order to obtain accurate retrieval of records. For a copy of the applicable consumer reporting agency’s privacy policy, see http://www.strategicinfo.com/pubs/sir_privacy_statement.pdf.

AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment with Torrington Savings Bank and/or its business affiliate(s) (hereafter "the Bank"). I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of the Bank to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at the Bank. I authorize all previous employers, references or other persons or agencies having knowledge of my record or myself to release such information to the Bank.

My signature below authorizes the Bank to obtain consumer reports regarding me from any and all federal, state and local reporting agencies in connection with my application and, if hired, during the course of my employment. I hereby authorize, without limitation, any consumer reporting agencies or information service bureaus contacted by those reporting agencies to furnish the above-referenced information. By signing below, I specifically authorize, without limitation, Background Decision, (800) 813-4381, 59 Bobala Road, Holyoke, MA, 01040, www.backgrounddecision.com to provide consumer reports about me to the Bank

I acknowledge that a photocopy, facsimile or electronic copy of this authorization shall be as valid as and may be accepted in lieu of the original.

Signature: _____ Print Name: _____

CRIMINAL BACKGROUND

THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT, THOSE INVOLVED IN INTERVIEWING THE APPLICANT, AND/OR THE PERSON(S) MAKING THE HIRING DECISION.

*******BEFORE ANSWERING, YOU MUST REVIEW STATE SPECIFIC INFORMATION BELOW*******

**YOU MAY NOT BE REQUIRED TO ANSWER OR YOU MAY LIMIT YOUR ANSWER
DEPENDING ON APPLICABLE STATE LAW BELOW**

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to any violation of any state, federal, county or municipal law, other than a minor traffic violation? Yes No

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

****For applicants in Connecticut:** Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been “erased.” The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. Any applicant whose criminal records were erased will be considered to have never been arrested and may so state under oath.

****For applicants in Massachusetts: Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY WRITTEN QUESTIONS ABOVE ON THIS APPLICATION FORM SEEKING CRIMINAL RECORD INFORMATION. Applicants are required to disclose criminal record information orally during any interview.** Applicants are not required to provide a copy of their Criminal Offender Record Information to The Bank at any time. Applicants may further answer “no” to any questions asked in an interview or thereafter regarding convictions involving: (1) a first conviction for one of the following misdemeanors: minor traffic violation, speeding, drunkenness, simple assault, affray, or disturbance of the peace; or (2) a conviction for a misdemeanor where the date of conviction or completion of any period of incarceration is more than five years prior to the date of this application for employment. In addition, an applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Applicant’s Signature: _____

Date: _____

NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with Torrington Savings Bank or any of its business affiliates (hereafter “the Bank”) may be required to submit to a urinalysis drug test and hair collection as a mandatory part of the employment application process.

This notice serves as a written statement of the Bank’s intention to conduct drug testing as part of the application process. The testing will be conducted in accordance with the procedures required by applicable state and federal regulations. Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Bank and shall not be disclosed to the employees of the Bank, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment. Arrangements for testing will be made by a representative of the Bank, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application. The applicant drug screening test(s) must be completed within 24 hours of request by the Bank’s Human Resources Department.

Further, the Bank prohibits employees from possessing or being under the influence of alcohol or illegal drugs or from abusing lawful drugs while performing work-related functions. Failure to consent to any lawfully required or requested test for drugs or alcohol during the course of employment or failing a drug or alcohol test are grounds for termination of employment.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with the Bank, you will comply in full with the Bank’s drug and alcohol policies.

Applicant Signature: _____ Date: _____

Printed Name: _____

EEO-1 VOLUNTARY SELF-IDENTIFICATION FORM

Torrington Savings Bank (“the Bank”) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Bank invites all applicants/employees to voluntarily self-identify their race and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. The Bank also complies with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and the Veterans Employment Opportunities Act of 1998.

You are not required to provide this information, but your cooperation in completing this form is appreciated.

Position(s) Applied for: _____

Referral Sources: ___ Advertisement ___ Bank Website ___ Other Website (Specify _____)
 ___ Department of Labor ___ Job Fair ___ Other Agency (Specify _____)
 ___ School/College Guidance Office (Specify _____)
 ___ Employee Referral (Specify _____) Other (Specify _____)

GENDER: Male _____ Female _____

RACE/ETHNIC GROUP (see definitions below) (CHECK ONE):

White _____ Black or African American _____ Asian _____

American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander _____

Hispanic or Latino _____ Two or More Races _____

DEFINITIONS:

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Voluntary Self-Identification of Veterans

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified veterans in accordance with the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. To help us measure how well we are doing, we are asking you to tell us if you are a qualified veteran. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become a veteran at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as being a veteran on this form without fear of any punishment because you did not identify as being a veteran earlier.

How do I know if I am a Qualified Veteran?

You are considered to be a qualified veteran if you are one of the following.

Recently Separated Veteran: means any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran: means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran: means any veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Disabled Veteran: means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs or a person who was discharged or released from active duty because of a service-connected disability who has the ability to perform the essential functions of the employment position at issue with or without reasonable accommodation.

Please check one of the following options below:

Not a Veteran _____ Recently Separated Veteran _____ Armed Forces Service Medal Veteran _____

Disabled Veteran _____ Other Protected Veteran _____ Do Not Wish To Answer _____

Name: _____

Position (Sought or Held): _____

Date: _____

Reasonable Accommodation Notice

If you checked "Yes," above, federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities in accordance with Section 503 of the Rehabilitation Act of 1973. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring wheelchair
- Intellectual disability

Please check one of the following options below:

_____ YES, I HAVE A DISABILITY (or previously had a disability)

_____ NO, I DO NOT HAVE A DISABILITY

_____ I DON'T WISH TO ANSWER

Name: _____

Position (Sought or Held): _____

Date: _____

Reasonable Accommodation Notice

If you checked "Yes," above, federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe 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 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).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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 b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. 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

<p>b. State member banks, branches and agencies of 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> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

This credit report is for the intended use of originating entity only. Use of this credit report by any other entity other than the originating entity constitutes second use. Second use users are required to post a secondary use inquiry on the consumer credit file. In addition, a Client Service Agreement must be completed and forwarded to the originating Credit Reporting Agency. Second use users can log onto the following website to post second use information and obtain a copy of the Client Service Agreement. <http://dev.xpertonline.net/Second Use>.

***END OF REPORT – 9/13/2018 4:53:54 PM ***