



Applicant Profile

Date: _____

Date Available To Start: _____

Last Name _____ First _____

Middle _____ Other names used _____

Street address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Job History (Most Recent First)

1. Job Title _____ from _____ to _____

Major Duties _____

Company _____ Type of Business _____

Address _____ City _____ State _____

Salary _____ Reason for Leaving _____

2. Job Title _____ from _____ to _____

Major Duties _____

Company _____ Type of Business _____

Address _____ City _____ State _____

Salary _____ Reason for Leaving _____

3 Job Title _____ from _____ to _____

Major Duties _____

Company _____ Type of Business _____

Address _____ City _____ State _____

Salary _____ Reason for Leaving _____

Education

High School _____ City _____ Did you graduate _____

Professional Certificates: _____

Foreign Languages _____ Fluent in Speech _____

People Who Can Help Us Contact You

1. Name _____ Phone _____

Address _____ City _____ State _____

2. Name _____ Phone _____

Address _____ City _____ State _____



Other Important Information

Do you have your own car for work? _____ Make & Year _____

Ever convicted of a crime? _____ Describe: _____

Limitations, which may affect your ability to perform the job requirements: _____

Notice Regarding Background Investigation

Employer (“the company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or “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 be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigation consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment in a investigation into your education and/or employment history conducted by OPENonline, LLC PO Box 549 Columbus, OH 43216 (888)381-5655 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer report now and, if you are hired, 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 investigation consumer report.

Acknowledgement and Authorization

I acknowledge receipt of the Notice 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” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, 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 OPENonline LLC, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile (“fax”) or photocopy of this authorization shall be as valid as the original.

Name of Authorizing Consumer: _____

Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____

Drivers License Number: _____ State Issued: _____

Signature of Authorizing Consumer: _____



Employee Availability

Employee Name: _____

Check all that apply:

- SMOKER
- NON-SMOKER
- PART TIME
- FULL TIME

Please check the days of the week that you **“Can”** work.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Please check the shifts that you **“Can”** work.

DAY	SWING	NOC (night shift)

AdditionalComments: _____

By signing this form I acknowledge that I am to be available for these days and times for the next 90 day period:

Employee Signature: _____ Date: _____



Caregiver Self Assessment

Check which Certification, License or Experience level applies to you.

First Aid CPR
 CNA Homemaker Companion

Rate your skill level for each skill listed below using this scale:

1. No knowledge
2. A little knowledge
3. Fairly knowledgeable
4. Comfortably knowledgeable
5. Thoroughly knowledgeable

<input type="checkbox"/> Basic housekeeping (dishes, laundry...)	<input type="checkbox"/> Cooking
<input type="checkbox"/> Special Diets	<input type="checkbox"/> Choking
<input type="checkbox"/> Making occupied beds	<input type="checkbox"/> Dressing client
<input type="checkbox"/> Feeding patient	<input type="checkbox"/> Oral hygiene
<input type="checkbox"/> Bathes (bed baths, showers)	<input type="checkbox"/> Bed-ridden client
<input type="checkbox"/> Charting	<input type="checkbox"/> Medication administration
<input type="checkbox"/> Vital Signs (TPR, BP)	<input type="checkbox"/> Lifting techniques
<input type="checkbox"/> Transfers using a gait belt	<input type="checkbox"/> Pivot transfers
<input type="checkbox"/> Range of motion	<input type="checkbox"/> Hoyer lift transfers
<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Strokes
<input type="checkbox"/> Catheter care	<input type="checkbox"/> Incontinent care
<input type="checkbox"/> Client Confidentiality	<input type="checkbox"/> Diabetic control
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Alzheimer's disease
<input type="checkbox"/> Parkinson's disease	



Reference Inquiry

Previous Employer: _____
 Supervisor Name _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____

Applicant Name at time of employment: _____
 Position Held: (Check all that apply)

_____ CNA _____ Homemaker Companion
 _____ Personal Care Aide _____ Other

Dates of Employment: From: _____ To: _____

I acknowledge receipt of the Notice 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" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, 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 OPENonline LLC, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photocopy of this authorization shall be as valid as the original.

Applicant's Signature: _____ Date: _____ SS# _____

Applicant should not write below this line.

Dear Previous Employer,
 Please fill out the information below and return to us in the envelope provided. Thank you. Personal Home Care

- 1). Verify that the above information is correct: Yes _____ No _____
 If no, please explain: _____
- 2). Were the duties performed appropriate to the position listed above? Yes _____ No _____
 If no, explain: _____
- 3). Would you rehire this person? Yes _____ No _____
 If no, could you tell us why? _____

Please rate your previous employees work performance on the following scale. (Check only one for each category)

	Above Average	Average	Below Average
Quality of the Work Performed	()	()	()
Cooperation with Coworkers	()	()	()
Dependability, Attendance	()	()	()
Personal Traits and Habits	()	()	()

Name of person giving reference: _____

Supervisor Comments from phone reference: _____

If you need more room, you may use the back of this form.

Signature: _____ Title: _____ Date: _____



Reference Inquiry

Previous Employer: _____
Supervisor Name _____
Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Alternate Phone: _____

Applicant Name at time of employment: _____
Position Held: (Check all that apply)
_____ CNA _____ Homemaker Companion
_____ Personal Care Aide _____ Other

Dates of Employment: From: _____ To: _____

I acknowledge receipt of the Notice 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" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, 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 OPENonline LLC, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photocopy of this authorization shall be as valid as the original.

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Quality of the Work Performed	()	()	()
Cooperation with Coworkers	()	()	()
Dependability, Attendance	()	()	()
Personal Traits and Habits	()	()	()

Name of person giving reference: _____

Supervisor Comments from phone reference: _____

If you need more room, you may use the back of this form.

Signature: _____ Title: _____ Date: _____



BACKGROUND CHECK REQUEST (301QED)

This form is to be used to assist in gathering information to be entered into the CRIMS system.

The instructions for the Qualified Entity Designee (QED) are available separately in form [MSC 301QED-Instructions](#).

The instructions for the Subject Individual (SI) are attached to this form and **must** be given to the SI.

Section 1 — To be completed by the QED or the Qualified Entity Initiator (QEI)

1. QED agency name: Personal Home Care	
QED agency street address: 1320 Lewis St. SE	
QED agency City/State/ZIP code: Salem, Oregon 97302	
2. QED name: Sharon L. Moore	QED phone number: 503-949-3914
QEI name (if applicable): Karen Ruthruff	QEI phone number: 503-371-1495
3. Application type (select one program area for this position): <input checked="" type="checkbox"/> APD <input type="checkbox"/> DD <input type="checkbox"/> MH <input type="checkbox"/> PLA <input type="checkbox"/> CW <input type="checkbox"/> VR If an ADP, is this application for a skilled position in a nursing facility only? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this position: <input checked="" type="checkbox"/> Paid (for example: employee or contractor) <input type="checkbox"/> Non-paid (for example: volunteer, household member in AFH, etc.)	
4. Start date for position (mm/dd/yyyy): _____	
Is this a recheck of the SI in the same position? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Position title: Home Care Provider	
Description of duties: Personal Care of Adults in Home	
6. Position requires direct contact with (select all that apply):	
<input type="checkbox"/> Children <input checked="" type="checkbox"/> Confidential information <input type="checkbox"/> Finances/financial records	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Seniors (65 years and older) <input type="checkbox"/> Secure facilities <input type="checkbox"/> Information technology systems
7. Do the duties require driving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



Section 1 — To be completed by a QED (continued)

8. Type(s) of documents checked to verify identity (*check all that apply*):

Driver's license or state ID Social Security card Passport

Other: _____

Initials of person checking ID: _____

9: Worksite locations/address for this position (*enter all if multiple*):

Section 2 — To be completed by the SI

10. Individual name: (*Last/First/Middle*)

11. Social Security number (*optional*):

12. Date of birth (*mm/dd/yyyy*):

13. Email address:

14. Gender:
 Female Male

15. Driver's license ID:
 State: _____ Number: _____

16. Aliases/other names used:

17. Check only if you prefer correspondence be sent to your residential or mailing address (*rather than an email address*).

18. Residence street address:

City: _____ State: _____ ZIP code: _____

Mailing address: _____ Same as residence

City: _____ State: _____ ZIP code: _____

19. Home phone: _____ Mobile phone: _____

20. During the last five (5) years, have you been outside of Oregon for 60 days in a row or more?
 Yes No If yes, complete the following for each residence in the past 5 years:

Date (<i>mm/dd/yy</i>)		City:	State:	Country:	Name(s) used at this residence:
Start:	End:				



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Section 2 — To be completed by the SI (continued)

21. Have you ever been charged, arrested and/or convicted of a crime?
 Yes No
 If you answered yes, list all charges, arrests and/or convictions (*adult and juvenile*) and the outcome, regardless of how long ago. Attach additional pages as needed.

Date (mm/dd/yyyy):	Charge, arrest or conviction:	Outcome (e.g., conviction dismissal):	City:	County:	State:

For each arrest, charge or conviction you list, attach extra pages and provide as much information as possible regarding the incident.

If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your criminal history, yourself, your training, education, work history, treatment and circumstances since your criminal history that you want the BCU to weigh. Add additional pages as needed.

I understand that a criminal records check, which may include a national criminal records check requiring fingerprints, will be completed on me. I understand that an abuse check will be completed on me. The BCU may share information with a designee at the facility associated with this request. My submission of this electronic signature authorizes the BCU to request and receive any juvenile, police, court, or investigation reports needed to complete this background check. In the event potentially disqualifying abuse is discovered, I will be notified at the address or email I have given and asked to provide additional information.

I authorize, the BCU to process, this background check request. I understand the background check may be repeated during the time I hold this position.

22. SI signature: _____ Date: _____



Section 3 — To be completed by the QED.

23. Has the SI disclosed any adverse criminal history occurring within the past five (5) years?
 Yes No

If the answer is yes, you MAY NOT hire the SI on a preliminary basis pending the final fitness determination.

If the answer is no, you may hire the SI on a preliminary basis pending the final fitness determination.

SI being hired on a preliminary basis? Yes No

I request an expedited review for hiring on a preliminary basis. The BCU may complete a preliminary fitness determination if fingerprints are required for this SI.

24. The SI has disclosed (*check all that apply*):

- Out-of-state driver's license/state ID card
- Out-of-state residence
- Out-of-state residence within the past five (5) years
- Out-of-state criminal history

If any of the above is checked or if you have reason to believe that the SI's identity needs to be confirmed, fingerprints are required for this SI. If this background check request is submitted without evidence of fingerprint submission, the BCU will reject the request.

- I am submitting one fingerprint card with this background check request.
- The SI is submitting fingerprints via LiveScan.

25. QED signature:

Date:

All documents related to this background check request (*including this form*) should be scanned and attached to the CRIMS record using the **add/edit documents** function on the SI summary page.



Background Check Request Instructions for Subject Individual (SI)

Read all of the instructions before completing the form.

As the subject of this background check, you are referred to in these instructions as the subject individual (SI). The qualified entity (QE) listed in box 1 may be your employer or local branch. The authorized designee (AD) or contact person (CP) has received training from the Department of Human Services Background Check Unit (BCU) for background checks.

Section 2 — You, the SI, completes this section.

10. Type or print your complete name.
11. The disclosure of your Social Security Number (SSN) is optional. The BCU requests the SSN or INS number solely for the purpose of positively identifying you during the background check process. If you do not provide a SSN, the BCU may request fingerprints to confirm identity.
12. Enter your date of birth (mm/dd/yyyy).
13. Enter your email address. The BCU will use your email for any correspondence regarding our background check unless you indicate to use your mailing address (see #17).
14. Check the box for your gender.
15. Enter your driver license or state ID, listing the state and the number.
16. Type or print all aliases or other names you have ever used.
17. Check this box only if you prefer to have correspondence from BCU sent to your mailing address rather than email.
18. Type or print your residence address. If you have a mailing address that is different from your residence, type or print it.
19. Type or print the phone numbers where you can be reached.
20. If you have lived outside of Oregon in the past 5 years for more than 60 days in a row, check the “yes” box and provide details of your previous residences. If you have lived in Oregon for the entire past 5 years, check the “no” box and go to #21.
21. Provide information on your criminal history. If you have never been arrested, charged, or convicted, check the “no” box and go to #22.

Disclose all criminal history — You must accurately and completely disclose all history (*adult and juvenile*) regardless of how long ago it happened. This includes all felonies, misdemeanors, probation violations and failures to appear. If you fail to list any part of your history, your application may be closed or you may be denied due to false statement. Any serious traffic offense such as reckless driving, driving under the influence of intoxicants (DUII) and driving while suspended (DWS), must be listed. Failure to appear, even for a minor traffic violation, must be listed. If you are not sure if something should be listed, you should list it. For each charge, arrest or conviction, include the exact date (*mm/dd/yyyy*), location and the outcome.

If you do not have proof the charge, arrest, conviction or adjudication has been expunged or set aside then list it.

Violations. Minor moving and non-moving traffic violations are not required to be listed.



If you have criminal history, BCU will weigh several factors to decide if you are fit for the position for which you are applying. Respond to the following questions. Attach documentation to support your responses.

- What happened leading up to the charge, arrest, conviction or other history?
- List any requirements resulting from each charge, arrest or conviction.
- Describe any treatment, education and training specifically related to your history.
- How is your history relevant to your position?
- Explain how you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people.
- How has your life changed since your history?
- List other information you believe would be helpful in making a decision in this case.

22. Sign and date the form. Return it to the person listed in #2.

Possible outcome of your background check:

- **Approved:** Your background check is approved for the position listed on this form. An approval does not guarantee employment or placement.
- **Approved with restrictions:** Your background check is approved to work but are restricted to a specific client, a specific work site or a set of duties. This decision may be appealed. A restricted approval does not guarantee employment or placement.
- **Denial:** Based on the background check, you are denied. You may not hold the position listed on this form and you must be terminated immediately. This decision may be appealed, but you may not hold the position during the appeal.
- **Case closed:** If you do not provide a complete and accurate disclosure of your criminal history or you do not cooperate with this background check process, your application may be closed without a final decision. There are **no** appeal rights, but you may be able to reapply immediately. If closed, the department will provide you with further information.
- **Ineligible:** Due to ORS (Oregon Revised Statute), 443.004, prohibits individuals from working in certain positions if they have one or more specific convictions. If found ineligible, you may not hold the position listed on this form and must be terminated immediately. You do not have hearing rights. The BCU will provide more information in the email or letter sent to you.

Abuse checks — BCU will also conduct an abuse check on you. Potentially disqualifying abuse includes the following:

- **For ALL subject individuals:** Adult protective services history of physical or sexual abuse or financial exploitation assessed on or after January 1, 2010 for which you were found to be responsible. Abuse information is provided to BCU by the Office of Abuse Prevention and Investigations and the Aging and People with Disabilities (APD) based on severity.
- **For subject individuals associated with private licensed childcaring agencies, child foster homes or child adoptive homes.** Child protective services history held by the Department, regardless of the date of assessment or outcome, for which you were found to be responsible, and include founded or substantiated child protective services reports from states where you lived in the past 5 years.

If potentially disqualifying abuse is found, you will be contacted and asked to provide additional information. Due to its sensitive nature, the information you provide will not be disclosed to your potential employer or QED.

Authority — BCU is authorized by state law, to complete background checks on SIs who work, volunteer or live with individuals who are vulnerable to abuse or mistreatment (ORS 181.534, 181.537, 409.027 and 443.004; OAR 407-007-0200 to 407-007-0370, OAR 943-007-000 to 943-007-0501). Vulnerable individuals include children, senior



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citizens and individuals with physical disabilities, developmental disabilities or mental illness. A check may be required even if you, the SI, do not have direct contact with vulnerable individuals.

Sources checked — BCU may check information from the Driver and Motor Vehicle Services Division, Department of Corrections, Oregon State Police, Federal Bureau of Investigation and local, state and federal courts. BCU may use information from other criminal justice, corrections and law-enforcement agencies and other state and local government agencies. You may be requested to provide fingerprints for a national criminal records check.

Challenging criminal information — If you want to obtain a copy of your record, or challenge information in the record, you must contact the Oregon State Police, 503-378-3070, extension 330 (*for Oregon criminal records*) or the Federal Bureau of Investigation, 304-625-3878 (*for national criminal records*). You may request a copy of the national FBI report from BCU. Depending on your previous contacts with law enforcement and courts, you may need to contact several sources to find your complete criminal records.

Rechecks — This background check process may be repeated at any time while you work, reside or otherwise continue in this position.

If you have questions or need this form in large print or in a different format, contact the qualified entity listed in section 1, box 1.

Keep these instructions for your records.



A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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:
 - o a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identify theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - o you are on public assistance;
 - o you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be 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 (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.



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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:
Consumer reporting agencies, creditors and others not listed below

National banks, federal branches / agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)
Federal credit unions (words "Federal Credit Union" appear in institution's name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

CONTACT:

Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580 1-877-382-4357
Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 800-613-6743
Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 202-452-3693
Office of Thrift Supervision
Consumer Complaints
Washington, DC 20552 800-842-6929
National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 703-519-4600
Federal Deposit Insurance Corporation
Consumer Response Center, 2345 Grand Avenue, Suite 100
Kansas City, Missouri 64108-2638 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
Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250 202-720-7051