

# Jacksonville Police Department Office Assistant Applicant Background Packet



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Applicant's Printed Name (Last, First, MI)

**JACKSONVILLE POLICE DEPARTMENT  
INSTRUCTIONS & NOTICES FOR JPD PRE-EMPLOYMENT BACKGROUND PACKET**

Please read the following, making sure to follow **ALL** instructions completely. Failure to provide requested documents or to follow these instructions may disqualify you from completing the background. Do not omit, falsify, or misrepresent the truth on any required or requested forms, and documents. All forms should be complete and thorough, and in your own handwriting, using blue or black ink on forms.

**REQUIRED DOCUMENTS:** (Bring originals with application and copies will be made at the police department)

- Driver’s License
- Social Security Card
- Certificate of Live Birth
- Official High School Transcripts (required even if you did not graduate) )(certified copy only in sealed envelope by registrar)
- Official College Transcripts (if applicable) )(certified copy only in sealed envelope by registrar)
- Copy of Unemployment Documents Long Form (required if you have collected benefits within the last 5 years. These can be obtained from Department of Workforce Services)
- Copy of current credit report (can be obtained for free from several online websites)
- High School Diploma (if applicable)
- GED Certificate and Transcripts (if applicable)
- Concealed Carry Permit(if applicable)

High School and College Transcripts must be delivered, sealed in the original school envelope. This can be hand delivered by the applicant or be mailed to the person and address listed below\*.

Some application documents **MUST BE NOTARIZED**. This can be done at the Jacksonville Police Department. You are not required to have it notarized prior to turning it in, although, you can choose to do so. Do not sign forms until you are in the presence of a notary.

You will need to be processed for photograph and fingerprints at the Court Holding Facility located at 1412 West Main Street (the old Police Department) as part of the background check when turning in the packet. Be prepared to go there immediately after turning in your packet. If unable to be processed that day, you must make arrangements with a TSO to do so prior to application packet deadline.

Your Credit History is a part of the Background Investigation, so be sure that you read and understand the Authorization and Consent for Release of Credit Information Form (included in packet). You are responsible for providing a copy of your credit report along with this form.

The department may contact you at times to clarify information, or ask additional questions to help in the decision making process; therefore, if you change address, phone numbers, or employment status, these must be reported immediately to the background investigator.

If you cannot provide a copy of any of these documents, you must write a Letter of Excuse pertaining to each document missing, explaining the circumstances and the name, address, and phone number of person(s) who can be contacted to follow up on each document. Also, an approximated time frame for when the document will be available, if at all.

\*Send requested documents from above to the Jacksonville Police Department, Attn: Office of Professional Standards, 1400 Marshall Road, Jacksonville, AR 72076. Phone 501-982-3191, Fax 501-982-3020

I have read this form and understand what has been requested, and what is required to be considered for a pre-employment background investigation by the Jacksonville Police Department.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# F3 - PERSONAL HISTORY STATEMENT

Jacksonville Police Department  
 1400 Marshall Road  
 Jacksonville, Arkansas 72076  
 Ph: 501-982-3191

John C. Franklin  
 Chief of Police

**INSTRUCTIONS:** Fill out this questionnaire completely and accurately. **DO NOT MISREPRESENT OR OMIT** a requested fact; statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you indicate by writing N/A in the answer blank. **ANSWER EVERY QUESTION.** Type or print legibly, in blue ink, all responses.

PERSONAL INFORMATION					
NAME (First, Middle, Last)		DATE OF BIRTH (mm/dd/yyyy)		SOCIAL SECURITY NUMBER	
NICKNAMES/ALIASES/MAIDEN NAMES					
HEIGHT	WEIGHT	HAIR	EYE	SEX	
PRESENT MAILING ADDRESS					
PERMANENT MAILING ADDRESS (if different)					
HOME #	WORK #	CELL #		MESSAGE #	
EMAIL ADDRESS					
CITIZENSHIP					
US BORN	CITY		COUNTY		STATE
US NATURALIZED	CERTIFICATE #	DATE	PLACE		COURT
OTHER (specify)					
EXTRACIRRCULAR ACTIVITIES					
1. List organizations, clubs, and associations of which you are now or have been a member, or with which you are now or have been associated.					
2. List hobbies and / or special skills.					
MARITAL INFORMATION					
Marital Status: (check one)      Single      Married      Divorced      Engaged      Separated      Widowed					
3. Name and Present Address of Spouse, Fiancé (e), or Ex-Spouse if Divorced or Separated					



11. Has any member of your immediate family ever been arrested for or convicted of a felony offense? Yes      No  
**If yes, complete the following:**

DATE	LOCATION	CHARGE	RELATIONSHIP	DISPOSITION

**REFERENCES**

12. Give the names of **FIVE** responsible persons who have known you for at least **THREE** years that could provide information about your character, ability, experience, personality, fitness, and qualifications. **DO NOT INCLUDE:** relatives, former employers, or persons living outside the United States or its Territories.

NAME	YEARS KNOWN	STREET	CITY, STATE, ZIP	PHONE #

**FINANCIAL**

13. Do you have life insurance and/or hospitalization insurance? Yes      No

14. Do you have a savings account? Yes      No  
 List bank names and locations (city, state):

15. Do you have a checking account? Yes      No  
 List bank names and locations (city, state):

16. Do you own or have an interest in any type of business dealing in alcohol? Yes      No  
**If yes, give name, location, and type of business:**

17. Have you ever filed for bankruptcy? Yes      No  
**If yes, give declaration and dates:**

18. Do you own or are you buying your own home? Yes      No  
 Is there a mortgage on the property? Yes      No

19. Do you own or are you buying other real estate? Yes      No  
**If yes, give name of agency holding mortgage:**

20. List motor vehicles that you own or are buying or leasing:

MAKE	MODEL	YEAR	AMOUNT OWED

21. What income other than salary do you have at present? Include spouse's salary.

22. What is your total indebtedness at present?



**RESIDENCES**

26. List all residences for the past **TEN (10)** years starting with your present address at top:

FROM MM/YY	TO MM/YY	ADDRESS/RESIDENCE	CITY AND STATE	LANDLORD AND PHONE #
	<b>PRESENT</b>			

**WORK HISTORY**

27. Beginning with your most recent job, list your work history for the past **TEN (10)** years, including part-time, temporary, or seasonal employment, and all periods of unemployment.

Hire Date	Name and Address of Employer	Description of Duties	F/T	P/T
End Date			Job Title	
Salary			Reason for Leaving	Supervisor
Hire Date	Name and Address of Employer	Description of Duties	F/T	P/T
End Date			Job Title	
Salary			Reason for Leaving	Supervisor
Hire Date	Name and Address of Employer	Description of Duties	F/T	P/T
End Date			Job Title	
Salary			Reason for Leaving	Supervisor
Hire Date	Name and Address of Employer	Description of Duties	F/T	P/T
End Date			Job Title	
Salary			Reason for Leaving	Supervisor
Hire Date	Name and Address of Employer	Description of Duties	F/T	P/T
End Date			Job Title	
Salary			Reason for Leaving	Supervisor

28. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?  
 Yes                      No  
**If yes, give details below:**

29. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:

30. Have your employers always treated you fairly?                      Yes                      No  
**If no, explain:**

31. Do you object to wearing a uniform?                      Yes                      No

32. Do you object to working nights?                      Yes                      No

33. Do you object to working shifts?                      Yes                      No

34. Have you, for any reason, ever been disciplined by any of your employers, past or present, in the last ten (10) years? If so, tell when, what employer(s), and what you were disciplined for. Also include what disciplinary action that was taken (i.e. oral reprimand, written reprimand, suspension).

35. Have you previously submitted an application for employment with this agency?                      Yes                      No  
 Approximate date:

36. Have you ever applied for a position with any other governmental agency?                      Yes                      No  
**If yes, give details:**

**MILITARY SERVICE AND MILITARY DISCIPLINE**

37. Have you registered with the Selective Service?                      Yes                      No  
**If yes, what city and state:**

38. Were you ever in the U.S. Military service or any other military organization?                      Yes                      No

BRANCH OF SERVICE	SERIAL NUMBER	HIGHEST RANK
DATE OF ENLISTMENT	DATE OF DISCHARGE	TYPE OF DISCHARGE
BRANCH OF SERVICE	SERIAL NUMBER	HIGHEST RANK
DATE OF ENLISTMENT	DATE OF DISCHARGE	TYPE OF DISCHARGE



39. Are you presently a member of the U.S. Reserve or National or State Guard organization? <span style="float:right">Yes      No</span>		
GRADE	SERVICE NUMBER	SERVICE AND COMPONENT
ORGANIZATION AND STATION OR UNIT AND LOCATION	INDICATE RESERVE OBLIGATION IF ANY	CHECK ONE
List medals and decorations:		

40. Were you court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, or company punishment, or any other disciplinary action while a member of the armed forces? Yes      No  
**If yes**, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using a separate sheet of paper to record this information.

41. List any disciplinary action taken against you in the National Guard or other reserve unit? Yes      No  
**If yes**, give details:

**EDUCATION AND SPECIAL SKILLS**

42. List all schools attended.

NAME OF SCHOOL	ADDRESS (include City, State, Zip)	FROM MM/YY	TO MM/YY	YEAR COMPLETED
ELEMENTARY SCHOOL				
MIDDLE SCHOOL				
JR HIGH SCHOOL				
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				

43. Did you either graduate from high school or pass the high school equivalency test? Yes      No

44. List college degrees received and major field of each. Include incomplete courses.

45. List vocational or technical training. List all law enforcement training. Give the name for each and the location of schools, dates attended, subjects studied, certificates, and any other pertinent data. Include college courses in Criminal Justice or Law Enforcement.

46. Do you speak a language other than English? Yes      No  
**If yes**, what language(s) do you speak?

47. How fluently do you speak these languages? Fair      Good      Excellent

48. Have you ever applied for certification or been certified as a law enforcement officer (correctional, probation, parole, or police officer, etc.)? Yes      No  
**If yes**, list the name and location of certification authority, date of issue, and date current certification expires (if applicable).



57. Have you ever been convicted of a crime of domestic violence?                      Yes                      No

- A crime of domestic violence means an offense that:
  - 1) is a crime under Federal or State law, and
  - 2) has, as an element, the use or attempted use of physical force, or the use or threatened use of a deadly weapon, committed by a former spouse, parent, guardian, or boy/girlfriend of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent, guardian, or boy/girlfriend, by a person similarly situated to a spouse, parent, guardian, or boy/girlfriend of the victim, or a child of the victim.

58. Have you ever been required to pay a fine in excess of \$25.00?                      Yes                      No

**If yes,** give complete details, including jurisdiction, dates, and outcome:

59. Have you ever been reported as a missing person or a runaway?                      Yes                      No

**If yes,** give complete details, including jurisdiction, dates and outcomes:

60. If you have ever been fingerprinted by a police agency other than for arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

AGENCY	DATE	PURPOSE

**TRAFFIC HISTORY**

61. Can you operate a motor vehicle?                      Yes                      No

62. Do you possess a valid operator’s license from the State of Arkansas?                      Yes                      No

Operator’s License Number

Date Issued

63. List any other vehicle operator’s license you have held or hold now. Include Drivers, Commercial, etc., and any out-of-state license.

KIND OF LICENSE	NUMBER	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

64. Was your license ever suspended or revoked?                      Yes                      No

**If yes,** state which and give reasons:

65. Was your license ever restored?                      Yes                      No                      When?

66. Have you ever been refused an operator’s license by any state?                      Yes                      No

67. Have your driving privileges ever been restricted?                      Yes            No  
**If yes, give details:**

68. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?  
                     Yes            No  
**If yes, give details, including reasons, names of companies, dates, etc.:**

69. Give name and address of the insurance company with whom you now have automobile insurance, include policy coverage:

70. Has a motor vehicle being driven by you ever been involved in an accident?                      Yes            No  
**If yes, give complete details for each accident whether collision or non-collision**

DATE	POLICE INVESTIGATION	Yes	No
LOCATION			
CAUSE OF ACCIDENT			
DATE	POLICE INVESTIGATION	Yes	No
LOCATION			
CAUSE OF ACCIDENT			
DATE	POLICE INVESTIGATION	Yes	No
LOCATION			
CAUSE OF ACCIDENT			

71. List any convictions for minor traffic violations:

ISSUING DEPARTMENT	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

**GENERAL INFORMATION**

72. Do you now use, or have you ever used, illicit (illegal) drugs, including marijuana, or prescription medication not prescribed to you?                      Yes            No

NAME OF DRUG	DATE OF LAST USE OR SALE

73. List any foreign travel you have done.			
FROM MM/YYYY	TO MM/YYYY	COUNTRY VISITED	PURPOSE OF TRAVEL

74. Hobbies and Sports:		
NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

75. Are you now or have you ever been a member of or affiliated with any organization or association which, according to your knowledge at the time of your membership, advocated the overthrow of the government of the United States or of this state by force, violence, or other unconstitutional means, or which has adopted the 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 or of this state?    Yes    No  
**If so**, was your membership in or affiliation with the organization or association, with the specific intent to achieve the overthrow of the government of the United States or of this state by force, violence or other unconstitutional means, or to commit acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state?    Yes    No  
**If YES** to either of these questions above, describe the circumstances on a separate sheet of paper in full detail. Specify nature and extent of association with each organization, including office or position held, also include dates, places, and credentials now or formerly held.

76. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be assigned or which might require further explanation?    Yes    No  
**If yes**, give details:

**ATTITUDES**

77. What do you consider to be the current social problems of greatest concern?

78. What are your experiences and beliefs concerning the use of alcoholic beverages?

79. What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs?

80. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

**CAREER OBJECTIVES**

81. Explain briefly your reasons for applying for this position.

**I hereby certify that all statements made in this questionnaire are true and complete and I understand that any misstatements of material facts will subject me to disqualification or dismissal. Sign only in the presence of a Notary Public.**

\_\_\_\_\_  
Applicant Signature in Full

\_\_\_\_\_  
Applicant Printed Name

**SWORN AND SUBSCRIBED BEFORE ME**

County of \_\_\_\_\_ State of Arkansas acknowledges before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE- False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.**

**APPLICANT AUTOBIOGRAPHY (Jacksonville Police Department)**

Write an autobiography about yourself. Use an ink pen or ballpoint pen (no pencil). Write it yourself and in your own words. When completed, sign with your normal signature and print your name in designated places. Write about your childhood, teenage years, minor adult years, and your adulthood until now, the present. *Be descriptive and explain significant dates and events in your life that help make you who you are today.*

**APPLICANT AUTOBIOGRAPHY CONTINUATION**

**Initials:** \_\_\_\_\_





# CITY OF JACKSONVILLE POLICE DEPARTMENT AUTHORIZATION TO RELEASE INFORMATION



I, \_\_\_\_\_, am an applicant for employment with the Jacksonville Police Department. In order to process my application, certain information must be available to the Chief of Police of the City of Jacksonville, Arkansas. This information is for my benefit. This release is valid for one-year period from its date.

I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions (medical or psychological records), traffic, criminal and civic records, and all governmental organizational and instrumentalities (local, state, federal or foreign) wherever said individuals or organization are located, to release to the Chief of Police of the City of Jacksonville, AR., or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. Said information can be released if the request is made in person or in writing.

Further, I hereby release you, as custodian of such records and all of said individuals and organizations including its officers, employees or related personnel, both individually and collectively from any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the Chief of Police or his representatives as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

Further, I understand that by signing this waiver, I waive my right to review the background investigation, in whole or in part.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SWORN AND SUBSCRIBED BEFORE ME**

County of \_\_\_\_\_ State of Arkansas acknowledges before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_. My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE- False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.**



# Arkansas Department of Human Services

## Division of Children and Family Services

### REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK

**THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.**

TYPE OF APPLICANT:

DHS Employee/Applicant [Division: \_\_\_\_\_]  Foster Parent  Legal Custodian  Adoptive Parent  Provisional Foster Parent

Foster Family Support System (FFSS) for: \_\_\_\_\_  
*Name of Foster Family whom FFSS will support*

Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

\_\_\_\_\_  
 Name/Title (print) \_\_\_\_\_  
 Organization Requesting the Report

\_\_\_\_\_  
 Address (physical) \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax #

\_\_\_\_\_  
 Address (provide mailing, if different than physical)

**Name of Applicant:** \_\_\_\_\_

**Maiden Name/Other Names Used:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_ / \_\_\_\_\_ **SSN:** \_\_\_\_\_

Present Address: (since \_\_\_\_\_, \_\_\_\_\_) \_\_\_\_\_

Previous Addresses (from the last six years):

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Cities and States of Employment (outside of Arkansas) for last six years:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

SS# (if known): \_\_\_\_\_

SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

SS# (if known): \_\_\_\_\_

SS# (if known): \_\_\_\_\_

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**THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY**

I, \_\_\_\_\_ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

County of \_\_\_\_\_ State of Arkansas

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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**THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY**

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date \_\_\_\_\_

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date \_\_\_\_\_

**Child Maltreatment Central Registry**  
Slot S 566  
P O Box 1437  
Little Rock AR 72203

**Jacksonville Police Department  
1400 Marshall Road  
Jacksonville, AR 72076**

**Applicant Authorization and Consent for Release of Credit Information**

PLEASE READ CAREFULLY

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for rejection of my application. All results of the research into my credit background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the decision process.

This Authorization and Consent for Release of Credit Information acknowledges that **Jacksonville Police Department** may now obtain a copy of any credit information or history that may be on file with any credit reporting agency, consumer reporting agency, creditor, insurer, employer, landlord, other business, or any other agency that has information pertaining to my credit history, in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations or Countries. I acknowledge by my signature below that favorable consideration of this application is contingent upon a satisfactory credit history.

I have read and understand this Authorization and Consent for Release of Credit Information, and I authorize the credit report. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge **Jacksonville Police Department**, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my application was denied based on the credit information obtained, and to receive upon written request, a disclosure of the credit information obtained.

I acknowledge receipt of a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Applicant's Full Name (print): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature (must be signed by applicant) Date: \_\_\_\_\_

I certify that I have received a copy of the Fair Credit Reporting Act Summary. \_\_\_\_\_  
Signature (must be signed by applicant)

**SWORN AND SUBSCRIBED BEFORE ME**

County of \_\_\_\_\_ State of Arkansas acknowledges before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.  
My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE- False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103**

## **A Summary of Your Rights under the Fair Credit Reporting Act**

### **Applicant's Copy**

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 that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, 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 information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

#### **You can find out what is in your file.**

At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

#### **You have a right to know your credit score.**

Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

#### **You can dispute inaccurate information with the consumer reporting agency.**

If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

#### **Inaccurate information must be corrected or deleted.**

A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

#### **Outdated negative information may not be reported.**

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 as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

#### **Your consent is required for reports that are provided to employers.**

A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.**

These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

**You may seek damages from violators.**

If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.**  
 Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 (Toll-Free) 1-877-382-4367
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051