



# ILLINOIS CANCERCARE, P.C.

*Specializing in Cancer and Blood Disorders*

8940 N. Wood Sage Road | Peoria, Illinois 61615

## APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

FIRST NAME		LAST		MI	
ADDRESS		CITY		STATE	
ZIP CODE		HOME PHONE		CELL PHONE	
ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS		HOME PHONE	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (E.G. H-1B VISA STATUS)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF RELATED TO ANYONE CURRENTLY EMPLOYED BY ILLINOIS CANCERCARE, LIST NAME, RELATIONSHIP, AND DEPARTMENT:					

### EMPLOYMENT DESIRED

POSITION APPLIED FOR	PREFER <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL TIME	DATE YOU COULD START	DESIRED SALARY
EVER APPLIED AT OR WORKED FOR THIS PRACTICE?		WHEN?	
WHAT PROMPTED YOUR APPLICATION? (PLEASE CHECK BOX AND LIST SOURCE)			
<input type="checkbox"/> Employee Referral _____		<input type="checkbox"/> Newspaper Ad _____	
<input type="checkbox"/> Illinois CancerCare Website		<input type="checkbox"/> Agency _____	
<input type="checkbox"/> Walk In		<input type="checkbox"/> Another Website _____	

### EDUCATION

SCHOOL	NAME AND LOCATION	DEGREE OR CERTIFICATE OR NUMBER OF CREDITS
High School		
College		
Trade, business or Correspondence School		
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK		
SPECIAL SKILLS AND/OR TRAINING		
TYPING- APPROXIMATE WPM	MEDICAL TERMINOLOGY <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPUTER EXPERIENCE <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> ACCESS

## PREVIOUS EXPERIENCE

*(List all previous employers, most recent first, attach second sheet if necessary)*

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER			
STARTING DATE	LEAVING DATE	JOB TITLE	TELEPHONE NUMBER
STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	
JOB DUTIES			
REASON FOR LEAVING			NAME ON EMPLOYMENT RECORDS
NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER			
STARTING DATE	LEAVING DATE	JOB TITLE	TELEPHONE NUMBER
STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	
JOB DUTIES			
REASON FOR LEAVING			NAME ON EMPLOYMENT RECORDS
NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER			
STARTING DATE	LEAVING DATE	JOB TITLE	TELEPHONE NUMBER
STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	
JOB DUTIES			
REASON FOR LEAVING			NAME ON EMPLOYMENT RECORDS

## REFERENCES

*(List the names of three professional references whom you have known at least one year)*

	NAME	PHONE NUMBER	PROFESSION	YRS. ACQUAINTED
1.				
2.				
3.				

## FOREIGN LANGUAGES

DO YOU SPEAK ANY FOREIGN LANGUAGES?

IF YES, WHICH LANGUAGES?

YES  NO

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## AUTHORIZATION AND RELEASE

I agree, in consideration for Illinois CancerCare to consider me for possible employment, that Illinois CancerCare may make a full investigation of my background as a part of its pre-employment process.

To the fullest extent permitted by law, I authorize Illinois CancerCare representatives to make an inquire of: former employers, all educational institutions attended, all personal and business references, courts, government and state and federal law enforcement agencies, credit reporting agencies and military organizations. I further authorize Illinois CancerCare to receive from such persons, institutions or corporations information including, but not limited to, educational transcripts, work histories, salary histories, residence verifications, motor vehicle reports, criminal records, credit information and other similar information.

I release both Illinois CancerCare and the persons, institution or corporations providing reference or background information, including their officers, directors, agents, attorneys, and employees from any and all liability, causes of action, claims or demands of any kind, including but not limited to claims of invasion of privacy, defamation, and failure to hire, arising out of or in connection with the authorization given herein.

I grant permission to Illinois CancerCare to contact my present employer.

YES  NO

I understand this information will remain confidential and will be used only for the investigation of my background as part of Illinois CancerCare's pre-employment process.

A photocopy of this authorization shall be deemed and original and shall be accepted as such by every person.

Other Names Used/Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number State



ILLINOIS  
CANCERCARE, P.C.  
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**— APPLICANT AUTHORIZATION AND RELEASE TO TAKE SPECIMEN FOR DRUG TESTING —**

1. I understand that Illinois CancerCare has a policy requiring each applicant for employment to be tested for the use or presence of drugs.
2. I hereby voluntarily consent to submit to drug screening or testing by Illinois CancerCare and/or any contractor it selects. The specimen will be tested for the presence of various drugs, including but not limited to barbiturates, cannabinoid metabolites (marijuana), opiates, methadone, phencyclidine (PCP), propoxyphene, methaqualone, cocaine metabolites, sympathomimetic amines (amphetamines).
3. I understand that the specimen will be tested to determine the presence of the above-named drugs using a "Custody & Control" procedure to insure integrity of the specimen and its identification. This procedure may include a viewed (witnessed) specimen collection to insure the specimen provided is authentic and unadulterated.
4. I understand that the results of the test will be reviewed and that Illinois CancerCare may terminate the application process or withdraw any employment offer if the results indicate the presence of illegal or improperly used prescription drugs or if there is any question of authenticity of the specimen. I further understand that this authorization does not make any offer of employment or employment on any specific terms or conditions of employment with Illinois CancerCare.
5. I understand that should I be hired by Illinois CancerCare, I may be subjected to future substance testing, consistent with company policy.
6. I understand that it is my legal right to refuse to complete a drug test. If I refuse to take a drug test, I understand that I will be disqualified for employment by Illinois CancerCare.
7. I herewith release Illinois CancerCare and its agents and employees from all liability or responsibility related to test administration or processing.

**CONSENT TO DRUG TEST**

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

**REFUSAL TO CONSENT TO DRUG TEST**

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

**REMARKS**

Please make any comments you feel are pertinent to your application

I certify that the foregoing information is true and accurate, and that falsification of this or any other information given to Illinois CancerCare may result in my disqualification from employment. I authorize contact by clinic representative of any of my schools, former employers or other references unless otherwise stated. This is to be done for the purpose of collecting information and an account of their experience with me. I agree to hold any or all of them harmless and free of any liability for releasing an truthful information that is within their knowledge or records.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I agree, as does Illinois CancerCare, to waive all rights to a trial by jury on any claim one may assert against the other in a court of law.

I represent and warrant that I am not subject to any restrictive covenant (such as a non-competition agreement), any duty of confidentiality or any other obligation which would prohibit, restrict or interfere with my employment by Illinois CancerCare and no confidential, competitive or proprietary information of any prior employer has been taken by me or divulged by me to Illinois CancerCare.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: NAME	RELATIONSHIP	TELEPHONE NUMBER
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DATE OFFER LETTER SENT: _____	POSITION OFFERED: _____
SALARY OFFERED: _____	START DATE: _____

## ILLINOIS CANCERCARE Employee Benefits Comparison

Our compensation philosophy at Illinois CancerCare is to offer a pay and benefits package which is competitive in our market. To facilitate this process, please complete this form regarding your current benefits package.

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

Current Job Title: \_\_\_\_\_

Years of experience in this field: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Current base salary: \_\_\_\_\_

Average bonus: \_\_\_\_\_

Medical Coverage	Yes	No	Amount Paid By Employee
Self			
Family			
<b>Prescription Drug Plan</b>	<b>Yes</b>	<b>No</b>	
Self			
Family			
<b>Dental Coverage</b>	<b>Yes</b>	<b>No</b>	
Self			
Family			
<b>Vision Coverage</b>	<b>Yes</b>	<b>No</b>	
Self			
Employee			
<b>Life Insurance Coverage</b>	<b>Yes</b>	<b>No</b>	
Self			
Employee			
<b>Disability Insurance Coverage</b>	<b>Yes</b>	<b>No</b>	
Self			
<b>Retirement</b>	<b>Yes</b>	<b>No</b>	<b>Portion Paid By Company</b>
401k			
Pension			
<b>Other Benefits</b>			
Weeks of vacation per year			



## Consumer Report Disclosure

\_\_\_\_\_ (the “company”) intends to obtain and use a consumer report or an investigative consumer report from Justifacts Credential Verification, Inc, an external consumer reporting agency, to be used for employment purposes. These purposes may include but are not limited to:

- considering your application for employment;
- making a decision whether to offer you employment with the company;
- deciding whether to continue your employment (if you are hired by the company);
- doing periodic rescreening of current employees, and/or;
- making any other employment decisions affecting you.

A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers. As an applicant or an employee, you are considered a “consumer” under the Fair Credit Reporting Act.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes. An investigative consumer report also involves personal interviews with sources such as employers, educators, etc.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the company obtains about you by contacting Justifacts Credential Verification, Inc. You also have other rights under the Fair Credit Reporting Act, a summary of which is available at:

<https://app.justifacts.com/pdfs/SummaryOfRightsUnderTheFCRA.pdf>

### ACKNOWLEDGMENT

I hereby acknowledge receipt of this disclosure and that \_\_\_\_\_ may obtain consumer reports and investigative consumer reports about me from a consumer reporting agency and that they may consider information in consumer reports and investigative consumer reports as part of their decision making process regarding any aspect of my application for employment and/or continued employment with the company including periodic rescreening of current employees. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act.

Signature \_\_\_\_\_

Full Legal Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Justifacts Credential Verification, Inc  
5250 Logan Ferry Rd  
Murrysville PA 15668  
800-356-6885  
[www.justifacts.com](http://www.justifacts.com)

# Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for \_\_\_\_\_ to ascertain information regarding my background to determine any and all information of concern to my record and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, credit history and workers compensation records through an investigative agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

**PLEASE PRINT CLEARLY**

FULL NAME: \_\_\_\_\_

OTHER NAMES USED/MAIDEN NAME/DATES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ALL ADDRESSES FOR PAST 7 YEARS:

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

\*\*\* MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Note:** No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

**Notice to California Applicants** – By signing below, you acknowledge receiving the “Notice to California Residents”. You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed.

**Notice to Massachusetts Applicants:** You may omit a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from, whichever date is later, occurred five or more years prior to the date of this application for employment, unless you have been convicted of any offense within five years immediately preceding the date of this application for employment.

**Notice to New York Applicants** – By signing below, you acknowledge receiving a copy of Article 23-A of the New York Correction Law, governing the licensure and employment of persons previously convicted of one or more criminal charges.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**California, Minnesota & Oklahoma Applicants Only:** Please check this box if you would like a copy of the background check mailed to you. Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts.

**NOTICE:** Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. (“FCRA”), will be ordered only when intended to be used as a factor in establishing a consumer’s eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone “who knowingly and willfully obtains information on a consumer from a consumer reporting agency” (such as Justifacts) “under false pretenses shall be fined not more than \$2,500 or imprisoned not more than two years or both.”

## State Specific Notices

**Notice to California Residents:** Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts (5250 Logan Ferry Rd, Murrysville PA 15626 – 800-356-6885, [www.justifacts.com](http://www.justifacts.com)), upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the three-year period preceding your request. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In-person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided. (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer. Justifacts shall provide trained personnel to explain to you any information furnished, including coded information. You are permitted to be accompanied by one other person of your choosing, who shall furnish reasonable identification. Justifacts may require you to furnish a written statement granting permission to Justifacts to discuss your file in such person's presence.

**Massachusetts Residents:** You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a copy of such report upon its completion.

**New York Residents:** You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. Upon furnishing you the name and address of the consumer reporting agency to whom the request was made, you shall also be informed of your right to inspect and receive a copy of such report by contacting that agency.

### **Vermont Residents: Per 9 V.S.A. § 2480e. Consumer consent**

(a) A person shall not obtain the credit report of a consumer unless:

- (1) the report is obtained in response to the order of a court having jurisdiction to issue such an order; or
- (2) the person has secured the consent of the consumer, and the report is used for the purpose consented to by the consumer.

(b) Credit reporting agencies shall adopt reasonable procedures to assure maximum possible compliance with subsection (a) of this section.

(c) Nothing in this section shall be construed to affect:

- (1) the ability of a person who has secured the consent of the consumer pursuant to subdivision (a)(2) of this section to include in his or her request to the consumer permission to also obtain credit reports, in connection with the same transaction or extension of credit, for the purpose of reviewing the account, increasing the credit line on the account, for the purpose of taking collection action on the account, or for other legitimate purposes associated with the account; and
- (2) the use of credit information for the purpose of prescreening, as defined and permitted from time to time by the Federal Trade Commission. (Added 1991, No. 246 (Adj. Sess.), § 1.)



## **Washington Residents:**

You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company.

Additionally, you have certain rights and remedies under Washington law as summarized below:

### **A SUMMARY OF YOUR RIGHTS UNDER THE WASHINGTON FAIR CREDIT REPORTING ACT**

The Washington Fair Credit Reporting Act, located at Chapter 19.182 RCW, substantially parallels the federal Fair Credit Reporting Act and the rights and remedies set forth in the Federal Trade Commission's Summary of Rights, except that, effective July 22, 2007, the Washington State law imposes greater limitations on the reasons for which an employer may obtain a consumer report. Beginning July 22, 2007, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reasons for using the information are disclosed in writing, or (2) the information is required by law.

You may exercise your rights and remedies under this Act by contacting:

Washington State Attorney General's Office

In State Toll-Free Number:

**800-551-4636**

Out of State Number:

**206-464-6684**

Website: <http://www.atg.wa.gov/Default.aspx>

Para Informacion en español, visite [www.consumerfinance.gov/learnmore](http://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 Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://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 any other type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you – must tell you, and 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 file;
  - You are the victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as the 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](http://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 the consumer reporting agencies that create credit 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 free from the mortgage lender.
- **You have a 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](http://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 report 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 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](http://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 of credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688)
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information visit [www.consumerfinance.gov/learnmore](http://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 info about your federal rights contact:**

<b>TYPE OF BUSINESS</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Protection 1700 G Street NW Washington DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center –FCRA Washington, DC 20580 1-877-382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <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>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO 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 Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria VA 22314</p>
<p>3. Air Carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington DC 20590</p>
<p>4. Creditors Subject to 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 Packers and Stockyards Act</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 State Small Business Administration 409 Third Street, SW, 8<sup>th</sup> Floor Washington DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE 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>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580 (877) 382-4357</p>

NY ARTICLE 23-A  
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.  
751. Applicability.  
752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.  
753. Factors to be considered concerning a previous criminal conviction; presumption.  
754. Written statement upon denial of license or employment.  
755. Enforcement.

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment.

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.