

Application for Employment

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED

TO APPLICANT: We appreciate your interest in [Anchor of Hope Hospice](#). A clear and full understanding of your background and work history will aid in placing you in a position that best meets your qualifications.

We are an equal opportunity employer and do not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons, those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Email

Telephone _____ Social Security No. _____ - _____ - _____

Mailing Address _____
Number Street City State Zip

Position applied for _____

Salary or Hourly wage desired _____
(Be specific)

Please select your desired work schedule

☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
☐ PRN ☐ On Call ☐ Per Visit ☐ ANY

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? ☐ Yes ☐ No

How many hours can you work weekly? _____ Can you work evenings? ☐ Yes ☐ No

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

Date you are available to start work: _____ Days you are unable to work _____

Are you able to meet the attendance requirements? ☐ Yes ☐ No

Do you have any objection to working overtime if necessary? ☐ Yes ☐ No

Can you travel if required by this position? ☐ Yes ☐ No

Have you ever been previously employed by [Anchor of Hope Hospice](#)? ☐ Yes ☐ No

Have you ever previously applied with [Anchor of Hope Hospice](#)? ☐ Yes ☐ No

- If yes, when? _____

Can you submit proof of identity and legal work authorization? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and /or Released from confinement following a conviction for any criminal offense within the past 7 years? ☐ Yes ☐ No

If yes, explain nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. (Answering yes will not necessarily be a bar to employment and will be considered in relationship to the position for which you are applying).

How did you hear about us?

☐ Walk-In ☐ College/University Career Day ☐ Employee Referral **Name:** _____

☐ Internet **Please Specify:** ☐ Company Website ☐ Career builder ☐ Monster ☐ Craigslist ☐ Other _____

Please list applicable certifications, computer skills, and/or foreign language skills which you feel qualifies you for the job for which you are applying

Driver's License # _____ State of issue _____
☐ Operator ☐ Commercial (CDL) ☐ Chauffeur Expiration date _____

Have you had any accidents during the past three years? ☐ Yes ☐ No If yes, how many? _____

If a license is required for the position for which you are applying, please list the following information:

License Number	State of Issuance	License Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR /DEGREE Year(s) Attended	NUMBER OF YEARS COMPLETED
High School			
College			
College			
Other			

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

REFERENCE # 1

REFERENCE #2

REFERENCE #3

Name			
Phone Number			
FOR PERSONNEL ONLY	Notes:	Notes:	Notes:
	Date Contacted: _____ Verified by: _____	Date Contacted: _____ Verified by: _____	Date Contacted: _____ Verified by: _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ Telephone (_____) _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ Telephone (_____) _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ Telephone (_____) _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ Telephone (_____) _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No

If not, please provide the name of the person completing this application _____

In case of an emergency notify _____
NAME NUMBER RELATIONSHIP

Out of state contact, if possible _____
NAME NUMBER RELATIONSHIP

PLEASE READ CAREFULLY

I certify that all the information on this application, my resume, or any supporting documents is correct, and I understand that any misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, my termination.

I understand that this application is not a contract, offer or promise of employment. If hired either I or [Anchor of Hope Hospice](#) can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I authorize [Anchor of Hope Hospice](#) and/or its agents to investigate all statements contained in this application and/or resume. I further understand that a background check may be made including, but not limited to, criminal history, driving record, employment, military, education, and general public records which will provide information concerning my character and general reputation. I hereby authorize my former employers, educational institutions or other reference providers to furnish all information pertaining to my work or educational record. I release my former employers, educational institutions, supervisors, references and any appropriate licensing board to release full information concerning my license status and my license history from all liability on account of furnishing information to this [Anchor of Hope Hospice](#).

I understand, if I am applying for a position that involves any type of direct and/or indirect patient or client contact in accordance with the Texas Department of Aging and Disability Services (DADS), [Anchor of Hope Hospice](#) will review the Nurse Aide Registry (NAR) and Employee Misconduct Registry (EMR). I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against patients and consumers are denied employment in DADS – regulated agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation of patient property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) all DADS – regulated facilities and agencies are required to check the Employee Misconduct Registry (EMR) and Nurse Aide Registry (NAR) before hire to determine if I am listed in either registry, as having committed an act of abuse, neglect, exploitation, misappropriation or misconduct against a patient or consumer. I understand that if I am listed on the Employee Misconduct Registry (EMR) I am unemployable. I understand that if I am listed with a positive finding of abuse, neglect, misappropriation or misconduct against patients and consumers on the Nurse Aide Registry (NAR), I am unemployable. If employed, I understand that I will undergo annual Nurse Aide Registry (NAR) & Employee Misconduct Registry (EMR) reviews.

I understand that, as a condition of employment I may be required to sign a non-compete agreement, a conflict of interest statement, and/or arbitration agreement and I hereby agree to arbitrate all disputes regarding my application for employment and any employment related matters rather than resolving them in court or other forum. I understand that [Anchor of Hope Hospice](#) is a drug free workplace and has a post-accident drug-testing policy. I also understand that all employees of [Anchor of Hope Hospice](#) may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If detected, the offer of employment may be withdrawn. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo random, reasonable suspicion, post accident alcohol and drug testing except where prohibited by law. Refusal to take such tests when asked may result in termination.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I acknowledge this application will expire 60 days from the date completed and consideration for employment beyond 60 days will require a new application.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of applicant _____

Date: _____

[Anchor of Hope Hospice](#) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, or genetic information. Employment decisions are made solely on skills and qualifications.

Thank you for completing this application form and for your interest in our business.

CONSENT FOR PRE-EMPLOYMENT OR REASONABLE
SUSPICION DRUG TEST SCREEN AND RELEASE
COVENANT NOT TO SUE AND INDEMNITY AGREEMENT



ANCHOR OF HOPE HOSPICE

I hereby CONSENT, upon a request made under the drug/alcohol testing policy of [Anchor of Hope Hospice](#) to submit to a drug or alcohol test and to furnish a sample of my hair, breath, saliva, urine, and/or blood for analysis for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, [Anchor of Hope Hospice](#).

I understand and agree that if at any time I refuse to submit to a drug or alcohol test under [Anchor of Hope Hospice](#) policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against [Anchor of Hope Hospice](#), the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS [Anchor of Hope Hospice](#), the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

APPLICANT:

Print Name: _____

Signature: _____

Date: _____

WITNESS:

Print Name: _____

Signature: _____



ANCHOR OF HOPE HOSPICE

Statement of Employability

By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a State of Texas criminal history check. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least every 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Agency. I understand that I am unemployable if listed as unemployable in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253; or if listed as unemployable in the Office of the Inspector General's List of Excluded Individuals and Entities (LEIE) pursuant to sections 1128 and 1156 of the Social Security Act.

Criminal History Check

I have informed this agency of all names (i.e., maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check, and that I may not have face-to-face patient contact or have access to patient records until results are returned. I will be notified of results.

CONVICTIONS BARRING EMPLOYMENT.

(A) A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

- ◆ An offense under Chapter 19, Penal Code (criminal homicide);
- ◆ An offense under Chapter 20, Penal Code (kidnaping and unlawful restraint);
- ◆ An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
- ◆ An offense under Section 21.08, Penal Code (indecent exposure);
- ◆ An offense under Section 21.11, Penal Code (indecent with a child);
- ◆ An offense under Section 21.12, Penal Code (improper relationship between educator and student);
- ◆ An offense under Section 21.15, Penal Code (improper photography or visual recording);
- ◆ An offense under Section 22.011, Penal Code (sexual assault);
- ◆ An offense under Section 22.02, Penal Code (aggravated assault);
- ◆ An offense under Section 22.021, Penal Code (aggravated sexual assault);
- ◆ An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or a disabled individual);
- ◆ An offense under Section 22.041, Penal Code (abandoning or endangering a child);
- ◆ An offense under Section 22.05, Penal Code (deadly conduct);
- ◆ An offense under Section 22.07, Penal Code (terroristic threat);
- ◆ An offense under Section 22.08, Penal Code (aiding suicide);
- ◆ An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- ◆ An offense under Section 25.08, Penal Code (sale or purchase of a child);
- ◆ An offense under Section 28.02, Penal Code (arson);
- ◆ An offense under Section 29.02, Penal Code (robbery);
- ◆ An offense under Section 29.03, Penal Code (aggravated robbery);
- ◆ An offense under Section 32.53 Penal Code (exploitation of a child, elderly individual, or disabled individual);
- ◆ An offense under Section 33.021, Penal Code (online solicitation of a minor);
- ◆ An offense under Section 34.02, Penal Code (money laundering);
- ◆ An offense under Section 35A.02, Penal Code (Medicaid fraud);

- ◆ An offense under Section 36.06, Penal Code (obstruction or retaliation);
- ◆ An offense under Section 42.09, Penal Code (cruelty to livestock animals);
- ◆ An offense under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
- ◆ A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.
- ◆ An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves

(B) A person may also be barred from employment the duties of which involve direct contact with a client in a facility if convicted of any of the following crimes within the past 5 years:

- ◆ An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor or as felony);
- ◆ An offense under Section 30.02 , Penal Code (burglary);
- ◆ An offense under Chapter 31, Penal Code (theft that is punishable as a felony);
- ◆ An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or
- ◆ An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or a felony) .
- ◆ An offense under Section 37.12, Penal Code (false identification as a peace officer); or
- ◆ An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).

(C) In addition to the prohibitions on employment prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:

- ◆ Of an offense under Section 30.02, Penal Code (burglary); or
- ◆ Under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.

(D) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5(c), Article 42.12, Code of Criminal procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment. I understand that all information obtained by this agency regarding any criminal history will remain confidential.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature of Applicant

Date

Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports

Section I: Disclosure

(the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a Consumer Report, and all inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency — **GoodHire, LLC. – Address: P.O. Box 391403 Omaha, NE 68139 | Phone: 1-888-906- 7351 | Fax: 650-362-1933 | Email: support@goodhire.com.** As a result, GoodHire may obtain a Consumer Report on you as an applicant or during employment.

A consumer report is a compilation of information that might affect your employability. The scope of the report **may** include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

Should an employer rely upon a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as "a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee."

Section II: Authorization and Release

I have carefully read and understand this Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, GoodHire, LLC., to the Company and its designated representatives and agents. By my signature below, I authorize the company to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor relationship with those partners. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the Company.

I authorize GoodHire and its agents to contact my current employer if necessary to verify my current employment status after the following date:

Applicant Name: _____

Applicant Email: _____

Applicant Signature: _____

Date: _____

Check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com.

Section III: A Summary of Rights Under The FCRA

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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

TYPE OF BUSINESS:	PLEASE CONTACT:
<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 CFPB:</p>	<p>Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (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 P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer 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 & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>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>