



APPLICATION FOR EMPLOYMENT OR VOLUNTEER SERVICE

PERSONAL

Name _____ Home Phone _____ Cell Phone _____

Current Address _____

Permanent Address _____

E-mail Address _____ Position applied for _____

Have you ever been convicted of a misdemeanor or a felony – including DUI's? ____yes ____no

If so, when, where and what was the disposition _____

Do you have a valid driver's license? ____yes ____no

Have you ever engaged in sexual abuse or sexually harassed a client in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? ____yes ____no

Have you ever been convicted of or civilly or administratively adjudicated of sexually harassing someone or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ____yes ____no

EDUCATION

Did you graduate from high school or complete an equivalent level of education? ____yes ____no

Name of High School or Institution Granting Diploma or Equivalent _____

Location of High School or Institution Granting Diploma or Equivalent (City & State) _____

College/Technical School (list all attended)

Name & Location (city & state) of Institution	Did you complete a degree from this institution?	Degree and Major & Minor (i.e. BA in Sociology, Minor in Psychology) if applicable
	Yes No	
	Yes No	
	Yes No	

Other Formal Training _____

What skills/experience do you have that will help you in the position for which you are applying?

Please write a summary in the space below describing why you want a job or a volunteer position at McCrossan Boys Ranch.

RELATED EXPERIENCE (Please list all human services facilities/institutions, schools, and child care facilities that you presently work at or have ever worked at in the past.)

If you are currently employed, list your present employer and reason for wanting to change employment. Please attach additional pages if needed.

1. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

2. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

3. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

4. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

OTHER EXPERIENCE (Please list all other current and previous employers during the last five years including civil service and military.) If you are currently employed, list your present employer and reason for wanting to change employment. Please attach additional pages if needed.

1. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

2. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

3. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

4. Employer Name: _____ Employer/Supervisor's Phone Number _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's E-mail Address: _____

Nature of Experience/Job Title: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

Do we have permission to contact your present employer(s)? yes no

PROFESSIONAL REFERENCES

Please list four **non-related professional** references (i.e. teachers, pastors/priests/spiritual advisors, co-workers).

Name	E-mail Address and/or Complete Mailing Address including Zip Code	Cell and/or Work Phone Number	Relationship (must be a teacher, spiritual advisor, co-worker, etc.)

The information submitted in the above application is true and complete to the best of my knowledge. I understand that, if employed or if given a volunteer position, false statements on this application shall be considered sufficient cause for dismissal. I also acknowledge that signing this application does not create a contract of employment or volunteer service between me and McCrossan Boys Ranch. I acknowledge that my employment or volunteer service at McCrossan Boys Ranch is on an "at-will" basis and is for no definite period and may be terminated at any time with or without cause, and with or without notice by me or McCrossan Boys Ranch.

Signature of Applicant

Date

"A Home Where Boys Find New Hope For a Better Life"

LICENSED BY THE SOUTH DAKOTA STATE DEPARTMENT OF SOCIAL SERVICES

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

Important: Please read carefully before signing.

DISCLOSURE

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted in connection with your application for and/or continued employment or contract with McCrossan Boys Ranch. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, criminal records, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company.** These reports may include experience information along with reasons for termination of past employment. Further, these reports may include information from various federal, state, local and other agencies about your past activities. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

The name, address and telephone number of the company preparing the report is: Global Safety Network, Inc., 3590 S 42nd St Grand Forks, ND 58201; Toll free number: 1-866-792-9808. Their privacy policy can be reviewed at <http://www.globalsafetynetwork.com/privacypolicy>.

You have the right to request details of the report from the consumer-reporting agency, including a right to inspect the files that the Consumer Reporting Agency may have on you. Such inspection will occur during normal business hours and upon you furnishing proper identification.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions

AUTHORIZATION

Full Name of Applicant: _____

Other Names Used and Dates Changed (including maiden name): _____
(Name Used) (Year Changed) (Name Used) (Year Changed)

(Name Used) (Year Changed) (Name Used) (Year Changed)

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ / _____ / _____ Date of Birth: _____ / _____ / _____ (MM, DD, YYYY)

Previous Address: _____
(Street) (City) (State) (Zip) (Year Moved to this Address) (Year Moved from this Address)

Professional License/s: _____ State: _____ Type: _____ Number: _____

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish to any party or agency contacted by this employer, with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Signature: _____ Date: _____

A Copy of 'A Summary of Your Rights Under the Fair Credit Reporting Act' is included with this authorization.

DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For adoptive and foster homes approved/licensed by DSS, a copy of the form should be submitted with FBI fingerprint cards to the Office of Child Protection Services, 700 Governors Drive, Pierre, SD 57501-2291.

Reason for Criminal Record Check

N/A Applicant or Adult Household Member **for** Adoption Foster Care Kinship Care
Or Applicant or Volunteer in Licensed Child Welfare Agency

The following comprises a complete history of prior criminal convictions and military history for:

Name: _____

Soc Sec #: _____ Birthdate: _____

Crime Convicted Of	Date of Conviction	Sentence or Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Branch of Service	Dates of Service	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I understand my fingerprints are being submitted for criminal record checks for the purpose of, adoption or kinship care approval, foster home licensure, household member in a licensed or approved resource home, or for employment or a volunteer in a licensed child welfare agency. I have been informed I may review my criminal history record information or challenge the finding of an FBI criminal record check by contacting the local jurisdiction that submitted the information to the FBI or by writing to FBI CJIS Division – Record Request (Use “FBI CJIS Division – Correspondence Group” for challenge); 1000 Custer Hollow Road; Clarksburg, West Virginia 26306 as outlined in 28 CFR 16.34.

Signed this _____ day of _____, 20____

Agency Return Address

_____ (Signature)	_____ McCrossan Boys Ranch (Agency & Contact Person Name)
_____ Street Address and/or PO Box Number	_____ 47135 260 th St. Street Address and/or PO Box Number
_____ City State Zip	_____ Sioux Falls SD 57107 City State Zip

Check **ONE** box that corresponds with the facility type or Reason for this request

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility
- Head Start Program
- Independent Living Prep Program
- In-Process Regulated Child Care
- Child Advocacy Centers
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- Other: _____

(Please read instruction on back of this form before completing)

SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) _____ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since age 10. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

FULL Legal Name: _____ **Date of Birth:** ____/____/____

Maiden Name: _____ **Other Names Used:** _____

Social Security #: _____ - _____ - _____ **Sex:** _____ **Race:** _____ **Resource #:** _____

List All Prior City, State and Years lived since age 10 (ie., 1989-2010):	Use additional blank sheet of paper if necessary																														
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List Full Name (First, Middle, Last Name at birth) **and Date of Birth of ALL of your children:**
 (Do not list other people's children for whom you might provide daycare)

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The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

Signed: _____ Date: _____

Your Current Address: _____

Agency Contact Person Phone Number & E-mail	Agency Name & Address	Provider/Agency License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

- N/A – DSS field office/Head Start
- N/A – License not yet issued

Enrollment or Degree/Diploma Verification Request Form

Full Legal Name: _____

Maiden Name (if applicable): _____

Other Names Used: _____

Date of Birth: _____

Year High School Diploma or Equivalent Received: _____

Social Security #: _____

Please send or fax my enrollment or degree/diploma verification to:

McCrossan Boys Ranch
47135 260th Street
Sioux Falls, SD 57107-6428
Phone: (605) 339-1203
Fax: (605) 339-3144

By signing this form, I authorize the release of my enrollment or degree/diploma information to the company listed above for the purpose of employment.

Signature: _____ Date: _____

McCrossan Boys Ranch Business Reference

TO BE COMPLETED BY APPLICANT

I hereby grant permission for the requested information listed below to be released to McCrossan Boys Ranch for purposes of employment as required by Sections 67:42:07:07 of South Dakota Administrative Rules. I understand this information will never be shared with me, but will be kept in confidence between the two agencies/employers. I hereby waive any privilege or any other provision of law or regulation, which could otherwise prevent disclosure of the information as to which permission for release is hereby granted.

Applicant Signature _____ Date _____

Printed Name _____

TO BE COMPLETED BY FORMER EMPLOYER

Company Name _____

Employed from _____ to _____ as _____

Duties _____

Reason for leaving _____

Is he/she eligible for rehire? _____ Yes _____ No If no, why? _____

Summary of Performance	Superior	Good	Average	Poor	No Opinion
Attendance/Dependability					
Ability to be a team player					
Adaptability					
Timeliness of paperwork					
Use of supervision					
Communication skills-written/oral					
Trustworthiness					
Work attitude					
Job knowledge					
Overall job performance					

Remarks/Comments:

Signature/Title _____ Date _____

Mail or fax to: McCrossan Boys Ranch
47135 260th St.
Sioux Falls, SD 57107
Fax-605-339-3144

OFFICE USE ONLY

McCrossan Staff/Phone Reference _____ Date _____
(Reference Request Form - Business)

McCrossan Boys Ranch

Professional Reference

TO BE COMPLETED BY APPLICANT

I hereby grant permission for the requested information listed below to be released to McCrossan Boys Ranch for purposes of employment as required by Sections 67:42:07:07 of South Dakota Administrative Rules. I understand this information will never be shared with me, but will be kept in confidence between parties. I hereby waive any privilege or any other provision of law or regulation, which could otherwise prevent disclosure of the information as to which permission for release is hereby granted.

Applicant Signature _____

Date _____

Printed Name _____

TO BE COMPLETED BY PERSON SUPPLYING REFERENCE

Name _____

Phone _____

Relationship to applicant _____

How long have you known the applicant? _____

Describe the applicant's character and competence _____

Is there any reason you would not recommend this person to work with youth? _____

Summary	Superior	Good	Average	Poor	No Opinion
Dependability					
Adaptability					
Communication Skills					
Trustworthiness					

Remarks/Comments:

Signature _____

Date _____

Mail or fax to: McCrossan Boys Ranch

47135 260th St.
Sioux Falls, SD 57107
Fax-605-339-3144

OFFICE USE ONLY

McCrossan Staff/Phone Reference _____

Date _____

(Reference Request Form - Professional)

McCrossan Boys Ranch

Prison Rape Elimination Act (PREA) Information Request

TO BE COMPLETED BY APPLICANT

I hereby grant permission for the requested information listed below to be released to McCrossan Boys Ranch for purposes of employment as required by the Prison Rape Elimination Act (115.317 c3). I hereby waive any privilege or any other provision of law or regulation, which could otherwise prevent disclosure of the information as to which permission for release is hereby granted.

Applicant Signature _____

Date _____

Printed Name _____

TO BE COMPLETED BY PERSON SUPPLYING REFERENCE

Institution/Facility Name _____

Dates of Employment _____ Job Title _____

Pursuant to the Prison Rape Elimination Act (115.317 c3), answers to the following questions are sought in regard to the above named former or current employee of your institution/facility who is now seeking employment at our institution/facility:

1. Were there any substantiated allegations of sexual abuse against this person while employed at your institution? Yes No
If yes, please explain:

2. Did this person resign during a pending investigation of an allegation of sexual abuse? Yes No
If yes, please explain:

Signature of Person Completing Form _____ Date _____

Printed Name of Person Completing Form _____

Title of Person Completing Form _____ Phone Number _____

Thank you for answering these questions to the best of your knowledge and returning this form ASAP.

Mail or fax to: McCrossan Boys Ranch

Attn: Human Resources
47135 260th St.
Sioux Falls, SD 57107
Fax-605-339-3144

Affirmative Action Voluntary Information

Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with the applicable laws and regulations.

Please print.

Position (s) applied for _____ Date ___/___/___

Referral Source

Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement – Source _____

Name of person who referred you (if applicable) _____

APPLICANT INFORMATION

Name _____ Telephone # (____) _____
Last First Middle

Address _____
Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

American Indian/Alaskan Native Hispanic/Latino (white race only) Black/African American
 Native Hawaiian/Other Pacific Islander Hispanic/Latino (all other races) White Asian

For Administrative Use Only

Position (s) applied for Available Not Available Other

Other positions considered for _____

Hired: Yes No

Position hired for _____ Date of Hire ___/___/___

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date ___/___/___

ANNUAL ASBESTOS NOTIFICATION TO PARENTS, STUDENTS, AND EMPLOYEES OF THE MCCROSSAN BOYS RANCH SCHOOL/SCHOOL DISTRICT

(Required by the Asbestos-Containing Materials in Schools Rule 763.84 (c) and 763.93 (g) (4))

Asbestos is a naturally-occurring fibrous mineral which, until about 1980, was commonly used in building construction. Asbestos will not burn, is an excellent insulator, has great tensile strength, is resistant to chemicals, is a nonconductor of electricity, and absorbs sound. Examples of *asbestos-containing building material (ACBM)* are vinyl floor tile, sprayed on acoustical ceiling material, pipe and boiler insulation, and roofing felt. As ACBM deteriorates over time, or is disturbed by maintenance, renovation, or demolition activities, it may become *friable*, i.e. it is capable of being reduced to powder by hand pressure. When ACBM becomes *friable*, asbestos fibers are released into the air. Inhalation of these airborne, microscopic asbestos fibers has been proven to cause such fatal diseases as lung cancer, mesothelioma (cancer of the lining of the lung or abdominal cavity), and asbestosis (scarring of lung tissues). Uncontrolled asbestos contamination in buildings has been, and remains, a significant environmental and public health issue. In 1986, Congress enacted the *Asbestos Hazard Emergency Response Act (AHERA)* to require public and private, secondary and elementary schools to identify ACBM in their school buildings and take appropriate actions to control the release of asbestos fibers. In 1987, the US Environmental Protection Agency finalized a regulatory program which enforces the AHERA mandate. These regulations are incorporated within the *Asbestos-Containing Materials in Schools Rule* (40 C.F.R. Part 763, Subpart E).

In compliance with the *Asbestos-Containing Materials in Schools Rule*, the McCrossan Boys Ranch School/School District had all campus buildings inspected by an asbestos inspector, accredited by the State of South Dakota. During that inspection, areas of suspect ACBM were identified outside of the school building. The type, condition and location of this ACBM was noted. Samples were taken of some or all of the suspect ACBM. Laboratory analysis of these samples confirmed the presence or absence of ACBM. Suspect ACBM not sampled and analyzed were assumed to contain asbestos. Confirmed and/or assumed ACBM currently remain in the mastic behind baseboards in cottages and on the outside of the ceiling of the chapel.

Upon confirmation of the presence of ACBM, an Asbestos Management Plan was developed for each of the campus buildings in the School/School District by an asbestos management planner, accredited by the State of South Dakota. *The Asbestos Management Plan includes a description of the measures currently being taken to ensure that the ACBM remaining in buildings on our campus is maintained in a condition that will not pose a threat to the health of our students and employees.* The Plan describes past response actions taken to abate ACBM, as well as response actions planned for the future. The Asbestos Management Plan provides information on the periodic monitoring of the condition of ACBM remaining on our campus through triennial reinspections, conducted by accredited asbestos inspectors, and through semiannual surveillance, conducted by trained ranch maintenance staff.

A copy of the Asbestos Management Plan is available for your review in the Lodmell administrative office during regular business hours. Bill Kraemer is the designated Asbestos Program Coordinator for the School/School District. Please direct all inquiries regarding the Asbestos Management Plan to him by telephone at 605-339-1203.

*Para informacion en espanol, visite www.consumerfinance.gov/learnmore
o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.*

A Summary of Your Rights Under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under 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, D.C. 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 will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.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:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 million and their affiliates: b. Such affiliates that are not banks, saving associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street N. W., Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
2. To the extent not include in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks: 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 25 A of the Federal Reserve Act: c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations: d. Federal Credit Unions:	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200, Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO), 1775 Duke Street, Alexandria , VA 22314
3. Air carriers:	Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590
4. Creditors Subject to Surface Transportation Board:	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W., Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act:	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies:	Associate Deputy Administrator for Capitol Access United States Small Business Administration 409 Third Street, SW, 8 th Floor, Washington, DC 20416
7. Brokers and Dealers:	Securities and Exchange Commission 100 F Street NE, Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations:	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All other Creditors Not Listed Above:	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 (877) 382-4357