



## APPLICATION FOR EMPLOYMENT | NON-DRIVER

THIS APPLICATION PACKET MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE QUALIFIED FOR EMPLOYMENT CONSIDERATION. To accelerate the processing of this application and related documents, please provide accurate and detailed information. Providing incomplete or inaccurate information may delay the screening process or disqualify applicants from consideration for employment.

**RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED EMPLOYMENT APPLICATION PACKET.**

**PLEASE DO NOT LEAVE ANY SECTION COMPLETELY BLANK.** If a specific question or section of a form does not apply to your employment application, simply write "N/A" or "Not Applicable" to indicate to the reviewer you have no pertinent experience or information to provide.

Kansas Turf and Mammoth Sports Construction are equal opportunity employers and do not, at any time, permit discrimination on the bases of race, color, religion, sex (including pregnancy status, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit-based factors. This policy extends to all management practices and decisions, including recruitment and hiring procedures, appraisal and provisioning systems, promotions, and training programs.

### PERSONAL DATA

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE INITIAL:</b>
<b>SOCIAL SECURITY NO.:</b>	Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PHONE NUMBER:</b>	<b>EMAIL ADDRESS:</b>	
<b>CURRENT STREET ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b> <b>ZIP CODE:</b>
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>State:</b>	<b>License No.:</b> <b>Expiration Date:</b>
DL Classification: <input type="checkbox"/> Regular/Class C <input type="checkbox"/> CDL/Class A <input type="checkbox"/> CDL/Class B		

### APPLICATION / EMPLOYMENT STATUS

<b>Date of application:</b>	<b>Prior position(s) and date(s) of employment with Kansas Turf or Mammoth Sports Construction:</b>		
<b>How did you become aware of this job (incl. name of referring employee, if any)?</b>	<b>Job position and/or type of work for which you are applying:</b>		
Type of employment desired:    Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	<b>Desired wage/salary:</b>	<b>Date available for work:</b>	
Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### EDUCATION HISTORY

Type of School	Name and Location of School	Did You Graduate?		Years Completed	Course of Study
HIGH SCHOOL		YES	NO		
COLLEGE, TECHNICAL or OTHER		YES	NO		
MILITARY	<b>Branch:</b>	<b>Start/End Dates:</b>		<b>Training &amp; Special Skills:</b>	

## EMPLOYMENT HISTORY

PLEASE **LIST ALL EMPLOYMENT DURING THE PAST 5 YEARS** REGARDLESS OF JOB DUTIES AND DURATION OF EMPLOYMENT.  
**List prior employers in sequence** beginning with the current or most recent job and **attach additional pages, if needed.**

**CURRENT OR MOST RECENT EMPLOYER:**

(Please leave NO empty spaces below – cross out or mark “N/A” if requested information is not applicable or unavailable).

<b>Start Date:</b>	<b>Employer:</b>		<b>Phone:</b>	
<b>End Date:</b>				
<b>Immediate Supervisor:</b>	<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Starting Job Title:</b>	<b>Ending Job Title:</b>	<b>Starting Pay Rate:</b>	<b>Final Pay Rate:</b>	
<b>Summarize the nature of work performed and your job responsibilities:</b>		<b>Reason for leaving:</b>		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:				

**SECOND MOST RECENT EMPLOYER:**

<b>Start Date:</b>	<b>Employer:</b>		<b>Phone:</b>	
<b>End Date:</b>				
<b>Immediate Supervisor:</b>	<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Starting Job Title:</b>	<b>Ending Job Title:</b>	<b>Starting Pay Rate:</b>	<b>Final Pay Rate:</b>	
<b>Summarize the nature of work performed and your job responsibilities:</b>		<b>Reason for leaving:</b>		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:				

**THIRD MOST RECENT EMPLOYER:**

<b>Start Date:</b>	<b>Employer:</b>		<b>Phone:</b>	
<b>End Date:</b>				
<b>Immediate Supervisor:</b>	<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Starting Job Title:</b>	<b>Ending Job Title:</b>	<b>Starting Pay Rate:</b>	<b>Final Pay Rate:</b>	
<b>Summarize the nature of work performed and your job responsibilities:</b>		<b>Reason for leaving:</b>		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:				

## PERIODS OF UNEMPLOYMENT

Please provide dates and details of any periods of unemployment during the past 5 years (include gaps in employment **greater than 30 days**):


### CRIMINAL RECORD

**Note: A criminal record or conviction may not disqualify you from consideration for employment. However, applicants will not be considered if inaccurate or untruthful information is provided in this section.**

Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please complete this section in its entirety.	<b style="color: red;">Are there any felony or misdemeanor charges pending against you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide additional details here:
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Approx. Date	Location <small>(List Court/Jurisdiction, if known):</small>	Description of Charge(s):	Probation/Parole Officer <small>(include name &amp; phone number):</small>

### PERSONAL REFERENCES

Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:

May we contact the above individuals for a reference?    Yes    No (If No, please explain):

### CAPABILITIES AND JOB DUTIES

**The following functions may be essential requirements of the job position for which you have applied. Please rate your ability to perform the following functions and tasks using a scale of 1 to 10... (1 = CANNOT PERFORM and 10 = CAN EASILY PERFORM):**

Lift up to 50 lbs. 16 to 20 times per day.		Maintain cleanliness and organization of work areas and tools at all times.
Climb a ladder approximately 25 feet in height 10 to 20 times per day.		Communicate in a professional and courteous manner with clients, subcontractors, and/or the general public.
Bend over at the waist and/or squat repeatedly throughout the workday.		Communicate effectively with co-workers, respect the chain-of-command, and resolve problems in a responsible manner.
Perform tasks that require reaching and repeated vertical extension of arms overhead.		Occasionally perform tasks not generally associated with your regular job duties (i.e. assist when short staffed).
Work in adverse environmental conditions (e.g. mud, rain, snow, summer heat, etc.).		Use power tools (list specific tools below in the section <i>Specific Skills and Experience</i> ).

### SPECIFIC SKILLS AND EXPERIENCE

Licenses/Certifications and Special Training:	Date Acquired/Renewed:

**Please provide details regarding specific skills relevant to this application (e.g. usage of power tools, equipment operating experience, etc.).**


## ABOUT H.C.I. AND THE HIRING PROCESS

Hatcher Consultants, Inc., or "HCI," provides management-consulting services to Kansas Turf and Mammoth Sports Construction (collectively referred to as "Company" or "Kansas Turf / Mammoth Sports"). HCI is not an employment-placement agency; hired individuals become employees of Kansas Turf or Mammoth Sports Construction. HCI's role is to assist the company in the recruitment of new employees while maintaining a safe and quality work environment.

Please review your application to ensure that all questions have been answered to the best of your ability. Failure to completely fill out this Application for Employment may result in disqualification from consideration for employment. HCI will be screening applications for completeness and accuracy. Included in this application packet is an excerpt from the federal *Fair Credit Reporting Act* pertaining to application screening and background checks.

The screening process may include the acquisition of an "investigative consumer report" including any history of criminal convictions, job safety information, employment history (including attendance and other performance-related data), and other information deemed relevant to the applicant-selection process.

**Questions regarding your application status and progress of the background investigation may be directed to:**

**HATCHER CONSULTANTS, INC.**

**Phone: 785-271-5557 (866-213-5557)**

**Email: employment@hatcherco.com**

**Business Hours: 8:00 a.m. to 5:00 p.m.  
(Monday – Friday)**

## APPLICANT'S INDEMNIFICATION AND STATEMENT OF AFFIRMATION

I hereby authorize Hatcher Consultants, Inc., and agents acting on behalf of HCI, to request and obtain pertinent information (specified in the above paragraph) from my former employers. I agree to hold harmless all former employers from any responsibility for damage or other liability that may arise due to the truthful disclosure of my employment information. I further authorize HCI to disclose my employment history and data contained within this application packet to companies and organizations with whom HCI maintains a business relationship.

I understand that it is the policy of Kansas Turf and Mammoth Sports Construction that all applicants offered employment successfully complete a drug and/or alcohol screen by providing proof of the absence of illicit or impairing substances. I also understand that a confirmed test result for the presence of an illicit or impairing substance, or my failure to submit to a pre-employment test as directed, will preclude me from consideration for employment with the company for a period of one (1) year.

If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the company reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment and I recognize that only an authorized company officer or designee has the authority to make any assurances to the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Kansas Turf and Mammoth Sports Construction are equal opportunity employers and do not, at any time, permit discrimination on the bases of race, color, religion, sex (including pregnancy status, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit-based factors. This policy extends to all management practices and decisions, including recruitment and hiring procedures, appraisal and provisioning systems, promotions, and training programs.

I certify that the information I have provided, or will provide, on this Application for Employment, its attachments, and any additional items I provide (e.g. resume', certificates/licenses, etc.) is true and accurate, and was or will be completed to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions I have made regarding the above items may be cause for rejection of my employment application, or will constitute grounds for termination if my employment has already commenced.

**My signature below acknowledges that I have read and agree to the above statements and affirmations.**

**SIGNATURE:**

**DATE:**



**BACKGROUND INFORMATION FORM**

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND SIGN WHEN COMPLETED.

PERSONAL INFORMATION:				
Last Name:	First Name:		Middle Name:	
Former Last Name #1 (alias, maiden, etc.):		Former Last Name #2:		
Current Address:		City:	State:	Zip:
How long have you lived at the above address?	Social Security No.:		Date of Birth:	

PLEASE LIST YOUR 2 MOST RECENT ADDRESSES DURING THE <u>LAST 5 YEARS</u> AND HOW LONG YOU RESIDED AT EACH:				
Prior Address:	City:	State:	Zip:	Length of Time:
Prior Address:	City:	State:	Zip:	Length of Time:

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**

I authorize Hatcher Consultants, Inc., and its designated agents and representatives to conduct a comprehensive review of my background in order to evaluate my application for employment. I understand that the scope of the review may include, but is not limited to, the following information:

<b>VERIFICATION OF SOCIAL SECURITY NUMBER</b>	<b>HISTORY OF CRIMINAL CONVICTIONS</b>
<b>REVIEW OF MOTOR VEHICLE/DRIVER'S LICENSE RECORDS</b>	<b>EMPLOYMENT HISTORY DATA</b>
OTHER: APPLICANT SHOULD INITIAL HERE IF THIS BOX IS FILLED IN →	

I agree to indemnify Hatcher Consultants, Inc., and its agents, representatives, or assigned agencies, including officers, employees, and related personnel – both individually and collectively – from any damages or liability which may, at any time, affect me, my heirs, family, or associates because of my compliance with the employee screening process. I further authorize Hatcher Consultants, Inc., to disclose all acquired information to Kansas Turf and Mammoth Sports Construction, including their subsidiaries and/or parent companies.

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

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

ATTACHED TO THIS APPLICATION PACKET IS A SUMMARY OF RIGHTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), AS THEY PERTAIN TO BACKGROUND SCREENING FOR EMPLOYMENT PURPOSES.


**ATTN. APPLICANTS → PLEASE SIGN & DATE THE BOTTOM OF THIS FORM ONLY**

**EMPLOYMENT VERIFICATION: CONFIDENTIAL INQUIRY TO PAST EMPLOYER**

TO: \_\_\_\_\_ (Date)  
(Contact/Company Name)  
\_\_\_\_\_  
(City/State or Jobsite Location)

**Dear Sir/Madam:**

The individual listed below has applied for employment with a company for whom we conduct background screening services. The applicant has listed your organization as a current or prior employer. The applicant has completed a waiver of liability that indemnifies you and your organization from the truthful disclosure of the requested information. Thank you for taking the time to complete this verification form.

<b>SENDER'S NAME:</b>			<b>HATCHER CONSULTANTS, INC.</b>
<b>PHONE:</b>	<b>785-271-5557 (Hours: 8a-5p, M-F)</b>		<b>2955 SW WANAMAKER DR</b>
<b>FAX:</b>	<b>888-631-6092</b>		<b>TOPEKA, KS 66614-5318</b>

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ -- \_\_\_\_\_ --

**PLEASE COMPLETE THE SECTION BELOW**

Position/Title: \_\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Resigned w/Notice    Resigned without Notice    Laid Off Permanently    Laid Off Temporarily    Terminated from Employment

Would you re-employ this person?    YES    NO   If NO, please explain: \_\_\_\_\_

Was the employee punctual?    YES    NO   Did the employee get along well with co-workers and supervisors?    YES    NO

Was disciplinary action ever taken against the employee?    YES    NO   If YES, please explain: \_\_\_\_\_

Did the employee ever test positive for drugs and/or alcohol?    YES    NO    Drug/alcohol testing not conducted

**Did the employee ever have an accident on the job?**    YES    NO

If YES, please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Please print your name: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

**APPLICANT MUST READ AND SIGN BELOW**

I, the undersigned, hereby authorize the above organization to disclose all records of employment including assessments of my job performance, abilities, and fitness (including dates of any and all drug/alcohol tests, confirmed test results, my refusal to submit to any drug/alcohol testing, and any rehabilitation completed under directions of an SAP/MRO) to companies and/or authorized agents who have requested said information in connection with my application for employment. I hereby agree to indemnify the aforementioned companies (including its employees, officers, directors, and agents) from any and all liability or damages that may arise from to the truthful disclosure and provisioning of the above information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**EQUAL OPPORTUNITY EMPLOYMENT FORM**

**THIS FORM IS VOLUNTARY** and may be partially or completely filled out upon completion of your application packet.

The information requested below is being collected for the purpose of reporting statistics to federal and state Equal Opportunity Employment agencies. The information collected from this form **WILL NOT BE UTILIZED** during the applicant selection process. This form will be separated from your employment application packet once it is complete.

PERSONAL INFORMATION						
Last Name:		First Name:		Middle Name:		
Current Address:			City:		State:	Zip:
Sex (circle one): MALE    FEMALE		Social Security No.:		Date of Birth:		

**ETHNIC ORIGIN (please circle your selection):**

White/Caucasian    Black/African-American    Hispanic    Asian/Pacific Islander  
Native American    Mixed or Other: \_\_\_\_\_

**JOB CATEGORY (please circle your selection):**

Driver    Laborer    Mechanic    Office    Other: \_\_\_\_\_

**SPECIAL STATUS<sup>1</sup> (please circle all that apply):**

Veteran    Spouse of a Veteran    Orphan of a Veteran    Disabled Veteran  
Vietnam-Era Veteran    Other Protected Veteran    Newly Separated Veteran

Please describe how you became aware of this job opening: \_\_\_\_\_

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

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

<b>OFFICE USE ONLY</b>	EEOC Job Category: Kansas Turf / Mammoth Sports Construction
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<sup>1</sup> As defined by the US Department of Labor, 41 CFR 61 250 and/or §U.S.C 3106.

# REQUEST FOR WORKERS COMPENSATION RECORDS

K-WC 97 (Rev. 3-14)

MAIL: Division of Workers Compensation  
401 SW Topeka Blvd., Suite 2  
Topeka, KS 66603-3105  
FAX: (785) 291-3430

Requestor name: DAVID R. HATCHER Phone: ( 785 ) 271-5557

Company or Entity: HATCHER CONSULTANTS, INC. Fax: ( 785 ) 271-8333

Address: 2955 SW WANAMAHER DR

City, State, ZIP: TOPEKA, KS 66614-5318

Worker's name: \_\_\_\_\_ SSN: \_\_\_\_\_

Records sought:  Accident report summaries  Docket summaries  Actual filings  
 Electronic download (registered users only; if not yet registered, see form K-WC 96)

In order to acquire accident reports or medical records, the requestor **must** be in category I or II below. Specify which categories pertain to you and provide the accompanying information:

- I) Are you:  the employer of a worker seeking workers compensation benefits  
 an insurance carrier with coverage of a worker seeking workers compensation benefits  
 an insurance carrier's attorney/representative for the employer

Date of accident: \_\_\_\_\_

- II) Are you:  an employer which has made a conditional offer of employment to the individual whose records are sought  
 an insurance carrier of an employer which has made an employment offer to the individual whose records are sought  
 an insurance carrier's attorney/representative for the employer

Type of job conditionally offered to the individual: \_\_\_\_\_

### **The following release must be signed by the worker to whom the offer of employment was made:**

I hereby verify that I have been offered employment by the individual or entity requesting my records from the Kansas Division of Workers Compensation and give the division permission to release the records specified to the individual or entity making the request.

Signature of worker: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature of requestor: *D. R. Hatcher* Date: \_\_\_\_\_

#### **Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that Social Security numbers be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.

DIVISION OF WORKERS COMPENSATION - RESEARCH UNIT  
401 SW Topeka Blvd., Suite 2, Topeka, KS 66603-3105 • Phone (785) 296-4000, (800) 332-0353 • Fax (785) 291-3430



## SUMMARY OF APPLICANT'S RIGHTS UNDER THE FCRA

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 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 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](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 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](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 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](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 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](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 applicable Kansas laws, refer to KS Stat § 50-705 (2014) and 50-704. For other states, contact the applicable attorney general or consumer protection agency.

For more information about your federal rights as they pertain to the background screening process applied to this employment application, use the following contact information:

Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

Federal Trade Commission Consumer Response Center – FCRA  
Washington, DC 20580  
- or - Tel: 877-382-4357

## FCRA DISCLOSURE STATEMENT AND APPLICANT'S ACKNOWLEDGEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE:

DATE: