



# MONARCH

The Monarch Cement Company is committed to working with and providing reasonable accommodations to job applicants with physical and/or mental disabilities. Applicants with a disability who requires a reasonable accommodation for any part of the application or hiring process can contact the Corporate HR Department for assistance at 620-473-2222. Reasonable accommodations will be determined on a case-by-case basis.

Return completed applications to The Monarch Cement Company, P.O. Box 1000, Humboldt, Ks 66748, Attention: Corporate HR Department or through e-mail to [hr.dept@monarchcement.com](mailto:hr.dept@monarchcement.com).



# MONARCH

## The Monarch Cement Company APPLICATION FOR EMPLOYMENT

IMPORTANT: Clearly print answers to every question. All information on this application will be treated as confidential. The Company is an equal employment opportunity employer and complies with all applicable laws.

Date:

### Personal Information:

Last Name:		First Name:		M.I.	Contact Number:
Current Street Address	Apt No	City	State	Zip code	How Long?

Are you legally eligible to be employed in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type State Expiration Date
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for a position which requires a Commercial Driver's License?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please complete Driver's Supplemental Sheet.</i>

### General Information:

Specific Position Desired:	Location(s) Desired:	Rate of Pay Desired:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Intern/Co-op/Other		Date Available to Start Work:
Are you willing to work night shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Are you able to work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	Willing to transfer to another location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Have you ever completed an application for employment, been employed by, or been assigned to work through a temporary agency at the Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where When Position
Do you or have you ever had any relatives employed at the Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name and relationship:

### Education/Training Information:

Schools Attended	Name & City / State	Graduated?	Years Completed	Degree / Diploma	Course of Study
High School / GED		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College / University		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College / University		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Other relevant professional certificates, honors, training, qualifications and/or license(s):

List any scholarships, academic honors, awards, or special achievements:

List languages which you speak and/or read proficiently:

**Skill Information:**

Category	List All Skills	Skill Level
Commercial Motor Vehicle (Truck, Tractor / Trailer, etc.)		<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Heavy Equipment (Wheel Loader, Dozer, etc.)		<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Forklift / Skid-steer		<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Other Skills		<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

**Military Service Information:**

Have you ever served in the armed forces of the US?  Yes    No   Branch of Service: \_\_\_\_\_ Yrs.: \_\_\_\_\_ Rank: \_\_\_\_\_

Have you obtained any job relevant skills or abilities as the result of service in the military?  Yes    No  
If yes, please describe:

**References: (Other than relatives) Who have known you for at least one year.**

Name	Address	City and State	Phone Number

**Employment History:**

List all previous work experience and periods of unemployment. Begin with your present position and work back to your first position.  
**Please Note:** A resume may be attached but will not be accepted in place of any information required on this form.

1. Company	Position/Title	Starting Wages
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern	Length of Service From:                      To:	Wages Upon Leaving
Street Address	City	State                      Zip code                      Main Company Phone Number
Supervisor's Name, Title, Phone Number	Reason For Leaving	
Duties	Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No                      When may we contact your present employer? <input type="checkbox"/> Now <input type="checkbox"/> Later (Please note upon your acceptance, this employer may be contacted for verification of employment.)		
Were you subject to Federal Motor Carrier Safety Regulations (DOT) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a <b>Safety Sensitive</b> function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please describe any gaps in employment (excluding medical related issues) between this listing and the next one.

2. Company		Position/Title		Starting Wages	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service		Wages Upon Leaving	
		From:                      To:			
Street Address		City	State	Zip code	Main Company Phone Number
Supervisor's Name, Title, Phone Number			Reason For Leaving		
Duties			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Were you subject to Federal Motor Carrier Safety Regulations (DOT) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a <b>Safety Sensitive</b> function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please describe any gaps in employment (excluding medical related issues) between this listing and the next one.					
3. Company		Position/Title		Starting Wages	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service		Wages Upon Leaving	
		From:                      To:			
Street Address		City	State	Zip code	Main Company Phone Number
Supervisor's Name, Title, Phone Number			Reason For Leaving		
Duties			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Were you subject to Federal Motor Carrier Safety Regulations (DOT) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a <b>Safety Sensitive</b> function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please describe any gaps in employment (excluding medical related issues) between this listing and the next one.					
4. Company		Position/Title		Starting Wages	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Intern		Length of Service		Wages Upon Leaving	
		From:                      To:			
Street Address		City	State	Zip code	Main Company Phone Number
Supervisor's Name, Title, Phone Number			Reason For Leaving		
Duties			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Were you subject to Federal Motor Carrier Safety Regulations (DOT) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a <b>Safety Sensitive</b> function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Source Information:**

How did you learn about this position? Check one and where applicable, indicate specific source.

- Own Initiative / Walk In     Advertising     Agency / Job Service     Job Fair
- Relative/Employee/Friend (Who) \_\_\_\_\_     Other (Explain) \_\_\_\_\_

**Certification and Acknowledgement (IMPORTANT: Please read carefully, initial statements and sign below):**

Yes    No    If employed, can you report to work on time and on a daily basis, as scheduled?

Yes    No    If employed, are you willing to wear safety shoes, safety hat, eye protection, hearing protection, hi-visibility attire, and / or other personal protective equipment, as may be required?

In consideration of my employment, I agree to comply with the rules and regulations of the Company, and I understand that if I am employed by the Company, my employment, regardless of the manner or duration of my compensation, will be for no definite term, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Company. I understand that no representative of the Company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement to the contrary.

I have carefully read and understood the above, and hereby consent and agree to these conditions in exchange for the Company's consideration of my application of employment.

**Signature:**

**Date:**

**EQUAL OPPORTUNITY EMPLOYER**

The Company is an equal opportunity employer that does not discriminate on the basis of actual or perceived race, creed, color, religion, alienage, or national origin, ancestry, citizenship status, age, disability or handicap, gender, marital status, veteran status, sexual orientation, gender identity, genetic information, arrest record, or any other characteristic protected by applicable federal, state or local laws. The management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities, and general treatment during employment.

## The Monarch Cement Company BACKGROUND INFORMATION

Fill out this form completely. Please print all information except signature. A form that is not signed will be considered an incomplete application.

Last Name:	First Name:	Middle Name:
Last Name: (Alias/Aka)	First Name: (Alias/Aka)	Middle Name: (Alias/Aka)
Current Address:	City:	State:      Zip:
How long have you lived at the above address?	Social Security No:	Date of Birth:
Driver's License Number	State Issuing Driver's License	Email Address

### PLEASE LIST EVERYWHERE YOU HAVE LIVED OVER THE PAST 5 YEARS.

Address	City	County	State	Zip

### AUTHORIZATION TO OBTAIN INFORMATION REGARDING HISTORY OF CRIMINAL CONVICTIONS:

I hereby authorize the Company based upon my personal release, authorization or copies thereof, to acquire and/or obtain information on any and / or all criminal history convictions.

I have signed and completed this authorization with my knowledge and understanding that the information obtained is to be considered in the assessment of my employment application with the Company.

I further authorize the disclosure of this information to the Company as part of the evaluation of my application for employment.

I have also been apprised of my rights under the federal Fair Credit Reporting Act (FCRA) as it pertains to a background investigation which is also part of my employment application packet. I release the Company and/or any of its agents, and any person or entity who provides information obtained from any and all resources, pursuant to this authorization from any and all claims, liabilities, or law suits in regards to the information obtained from any and all sources used.

Applicant Printed Name:	
Applicant Signature:	Date:

# The Monarch Cement Company DRIVER SUPPLEMENTAL SHEET

Complete this page only if applying for positions requiring operation of a Commercial Motor Vehicle (CMV). Date of Birth: \_\_\_\_\_

DRIVING INFORMATION – List all Driver’s Licenses/Permits Held in the Last Seven Years					Enter/Stamp DOT #, Co. & Address (Company Use Only)
Drivers Licenses (Any held during three year driving period must be shown):	State	License Number	Type	Expiration Date	

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
Has your license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:

DRIVING EXPERIENCE – COMMERCIAL DRIVER’S LICENSE (CDL) ONLY				
Class of Equipment	Description of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Total Miles Driven
		From	To	
Class A – Tractor / Trlr or Truck / Trlr				
Class B – Straight Truck				
Other				
List states operated in for the last 3 years:			List license endorsements:	
List any special courses or training that will help you as a driver.				

DRIVING RECORD (attach sheet if more space is needed)				
Describe all Accidents during three year period:	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Describe all moving violation convictions and forfeitures for the past three years:	Date	City / State	Description / Comments	

MEDICAL EXAMINER’S CERTIFICATE		
Do you have a current Medical Examiner’s Certificate (Medical Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list expiration date:
Do you have a Medical Waiver issued by the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list expiration date:
Have you submitted your Medical Examiner’s Certificate to the DMV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why not?

RELEASE OF INFORMATION	
I agree to provide all driver identification regarding the above licenses. I attest that I have provided all accident information as defined by DOT regulations at 390.5 occurring during three (3) years of driving record. I authorize, per 49 CFR, Part 40, subpart B of 382, and 391.23 of the DOT regulations, the release of information by the state agencies and my previous employers regarding my driving record and my DOT regulated drug and alcohol testing violations including pre-employment tests during three (3) years of driving record to this potential employer. I authorize (i) an inquiry to each State where I have held or hold a motor vehicle operator’s license or permit during three (3) years of driving record to obtain that driver’s motor vehicle record, (ii) an investigation of the driver’s safety performance history with Department of Transportation regulated employers during the preceding three years, (iii) alcohol tests with a result of 0.04 or higher; (iv) verified positive drug tests; (v) refusals to be tested (including verified adulterated or substituted results); (vi) other violations of DOT drug and alcohol testing regulations; (vii) information obtained from previous employers of a drug and alcohol rule violation(s); and (viii) document, if any, of completion of a return-to-duty process following a rule violation.	
Applicant Printed Name: _____	
Applicant Signature: _____	Date: _____

**THE FAIR CREDIT REPORTING ACT**  
**Public Law 91-508 effective April 25, 1971 with Amendments**  
**(15 U.S.C. - 1681 et seq.)**

**604. Permissible purposes of reports**

A consumer reporting agency may furnish my consumer report under the following circumstances and no other:

- (1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.
- (2) In accordance with the written instructions of the consumer to whom it relates.
- (3) **To a person which it has reason to believe-**
  - (A) Intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or
  - (B) Intends to use the information for employment purposes;**
  - (C) Intends to use the information in connection with the underwriting of insurance involving the consumer; or
  - (D) Intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or
  - (E) Otherwise has a legitimate business need for the information in connection with a business transaction involving the consumer.

**606. Disclosure of investigative consumer reports**

A person may not procure or cause to be prepared an investigative consumer report on any consumer unless:

- (1) It is clearly and accurately disclosed to the consumer that an investigative consumer report including information as to his/her character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be made, and such disclosure (A) is made in writing, mailed, or otherwise delivered, to the consumer, not later than three days after the date on which the report was first requested, and (B) includes a statement informing the consumer of his/her right to request additional disclosures provided for under the subsection (b) of this section; or
  - (2) The report is to be used for employment purposes for which the consumer has not specifically applied.
- (a) Any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by this subsection (a) (1) shall make a complete and accurate disclosure of the nature and the scope of the investigation requested. The Disclosure shall be in writing mailed, or otherwise delivered, to the consumer not later than five days on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.
- (b) No person may be held liable for any violation of subsection (a) or (b) of this section if he shows by a preponderance of the evidence that at the time of the violation he maintained reasonable procedures to assure compliance with subsection (a) or (b).

For a complete copy of the Fair Credit Reporting Act, or to learn more about your rights you may visit the FCRA website at <https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>

**(A Copy of the Summary of Your Rights Under the Fair Credit Report Act is being provided)**

**I acknowledge being advised of my rights pursuant to the FCRA.**

Applicant Signature:

Date:

**HIRING PROCESS**

Please review your application and all the forms you have completed to make sure that they are complete to the best of your ability. An incomplete application may result in your being disqualified for further consideration regarding this hiring process. Questions regarding your application or the hiring process should be directed to the Company or Human Resources Department.

I hereby give the Company, Human Resource Department and/or its representatives the authorization to obtain the information as requested from former employers, and I release those providing that information from any and all liability that may arise by the truthful disclosure of said information.

I understand that if I am hired I am free to resign at any time with or without cause and without prior notice with the Company reserving the same right to terminate my employment at any time, with or without cause and without prior notice, other than that which would be required by law. This application and all the documents associated herein do not constitute an agreement or a contract for employment or for any specific duration of time. I understand that no representative of the employer, other than the Chairman of the Board of the Company can do otherwise.

I understand that it is the policy of the Company that all applicants offered employment must successfully complete a drug screen providing evidence of the absence of impairing substances. I also am aware and understand that a confirmed drug test result for the presence of an illegal substance or my failure to submit to a drug screen as directed will preclude me from consideration for employment with the Company for a period of five years. I also understand that if I am hired, I will be subject to and required to provide proof of identity and legal work authorization.

I verify and certify that the information I have provided for this Application for Employment and in any resume or other documents attached or provided by me or any other party, or person designated to represent me in my interests are true, correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions made by me on this application or any other document included herein, will be adequate grounds for rejection of this application by the Company, or discharge from employment once hired.

**My signature acknowledges that I have read, understand and agree to the above statements.**

Applicant Printed Name:

Applicant Signature:

Date:



## The Monarch Cement Company EQUAL OPPORTUNITY EMPLOYMENT FORM

IMPORTANT: Clearly print answers to every question. All information on this application will be treated as confidential. The Company is an equal employment opportunity employer and complies with all applicable laws.

Date:

**THIS FORM IS OPTIONAL** and may be voluntarily completed when your employment application is filled out. The information requested on this form 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 once it is received.

### PERSONAL INFORMATION

Mr. / Mrs.	Last Name	First Name	Middle Name
Current Address		City	State      Zip
Gender (circle one) Male      Female	Social Security Number	Date of Birth	

### ETHNIC ORIGIN (check one)

- White / Caucasian     
  Black / African-American     
  Hispanic     
  Native American  
 Asian / Pacific Islander     
  Mixed / Other \_\_\_\_\_     
  Decline to Identify

### JOB CATEGORY (check one)

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

### SPECIAL STATUS (check all that apply)

(As defined by the US Department of Labor, 41 CFR 61.250, and/or Section 38 U.S.C. 3106)

<input type="checkbox"/> Veteran	<input type="checkbox"/> Spouse of a Veteran	<input type="checkbox"/> Orphan of a Veteran
<input type="checkbox"/> Vietnam-Era Veteran	<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Disabled Veteran

### How did you find out about the job opening for which you have applied?

Applicant Printed Name:

Applicant Signature:

Date:

### EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Company to provide equal employment opportunity to all employees and applicants without regard to race, color, religion, gender, national origin, disability, age, marital status, veteran's status or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**OFFICE USE ONLY**

EEOC Job Category:

**The Monarch Cement Company**  
**RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYER**  
**REGARDING ALCOHOL AND CONTROLLED SUBSTANCES TESTING**

*This information requested is required by federal motor carrier safety regulations.* The individual identified below has sought employment with us as a driver and is subject to the alcohol and controlled substances testing provisions of the Federal Motor Carrier Safety Regulations. Pursuant to 49 CFR Parts 40.25, 382.413 and 391.23, we are requesting the results of alcohol and drug testing of this individual while in your service for the past three years. The driver has given written consent in the release below.

Date of Driver's Application:

**Part 1 - To be completed by driver/applicant**

I hereby authorize the release of the results of any positive controlled substance test; alcohol tests with a result of 0.04 or greater, evidence of refusal to be tested, and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding three years. I request such records be released immediately to:

Potential Employer Name:

Address / City / State / Zip:

Phone Number:

Fax Number:

*This authorization is valid until withdrawn by me in writing.*

Applicant Printed Name:

Applicant SSN:

Applicant Signature:

Date:

**Part 2 - To be completed by previous employer**

	Yes*	No
1. Has this person ever tested positive for controlled substances in the past three years during their employment with your company?		
2. Has this person ever had a breath alcohol test with a result of .04 or greater in the past three years during their employment with your company?		
3. Has this person ever refused a required controlled substance test in the past three years during their employment with your company?		
4. Has this person refused a required alcohol test in the past three years?		
5. Has this person violated any other DOT drug and alcohol regulation?		
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refused to be tested?		

*\*If **YES** to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.*

SAP Name:

SAP Phone:

SAP Address:

SAP City/State/ZIP:

**Signature and contact of previous employer representative who completed this form**

Name of person releasing information:

Signature of person releasing information:

Date:

Company Name:

Contact Phone:

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



# MONARCH

## Pre-Offer

### VOLUNTARY SELF IDENTIFICATION FORM – VETERANS

(Please complete as part of the application process)

NAME (Please Print) \_\_\_\_\_  
First Middle Last

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

POSITION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

#### Veteran Status

The Monarch Cement Company is a Government subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined below.

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

(Please check one)

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

I AM NOT A PROTECTED VETERAN

A "disabled veteran" is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Voluntary Disclosure. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Confidential. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

# AM I A PROTECTED VETERAN?

The Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended (38 U.S.C. § 4212), prohibits discrimination against protected veterans.

Under VEVRAA, a veteran may be classified as a "disabled veteran," "recently separated veteran," "active duty wartime or campaign badge veteran," or "Armed Forces service medal veteran."

## DETERMINE YOUR VETERAN STATUS

**1** Did you serve on active duty\* in the U.S. Military?

\*See 38 USC § 101(21) for a full list of service that may be counted as active duty.

**2** Were you discharged or released from service under conditions other than dishonorable?

If you answered "yes" to the above questions, continue to the questions below. If you answered "no" to any of the questions, you may not be considered a protected veteran.

## DETERMINE IF YOU ARE PROTECTED UNDER VEVRAA

### DISABLED VETERAN

- Are you a veteran of the U.S. Military who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs?
- or
- Were you discharged or released from active duty because of a service-connected disability?

### RECENTLY SEPARATED VETERAN

- Were you discharged or released from active duty within the last three years?

### ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN

- Did you serve on active duty during one or more of the periods of war outlined in **38 U.S.C. § 101**?†
- Did you serve on active duty in any campaign or expedition for which a campaign badge has been authorized under the laws administered by the **Department of Defense**?

### ARMED FORCES SERVICE MEDAL VETERAN

- Did you serve on active duty in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985 (61 FR 1209) and were you awarded the Armed Forces Service Medal?
- If you were awarded the Armed Forces Service Medal, is it listed on your **DD Form 214**?

If you answer "yes" to any questions in the above categories, you may be protected under VEVRAA. A veteran may qualify in more than one category. If you do not fall into any of the categories, you may not be a protected veteran.

Please note that this page provides general information. It is not intended to substitute for the actual law and regulations regarding the program described herein.

†Period of War Dates: Korean Conflict June 27, 1950 – January 31, 1955; Vietnam Era February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War August 2, 1990 – current.

If you do not have a DD-214 Form, or have additional questions about your veteran status, please contact the Department of Veterans Affairs at 1-800-827-1000.



OFFICE OF FEDERAL CONTRACT  
COMPLIANCE PROGRAMS  
U.S. Department of Labor



## 2019 Commitment to Equal Employment Opportunity

**Commitment to EEO.** The Monarch Cement Company ("Monarch Cement") is committed to affirmative action and equal employment opportunity. It remains our policy to provide equal employment opportunity to all persons consistent with employment qualifications and applicable laws regarding discrimination because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, veteran or other protected status. Monarch Cement will recruit, hire, train, and promote persons in all job titles, and ensure that all other personnel actions are administered without regard to such protected categories.

Monarch Cement recognizes that the effective application of a policy of merit employment involves more than just a policy statement and will, therefore, implement its Affirmative Action Plan (AAP) in a positive and aggressive manner and will make known Monarch Cement's commitment to this effort and that equal opportunities are available within Monarch Cement on the basis of individual merit. Monarch Cement will solicit and encourage all persons to seek opportunities within Monarch Cement and to pursue advancement possibilities.

**Audit and Reporting Systems.** Monarch Cement has implemented an audit and reporting system to measure the effectiveness of Monarch Cement's AAP, to identify and address the need for remedial action if necessary, and to determine the degree to which Monarch Cement's overall objectives have been attained.

**Support and Responsibility for Implementation.** The AAP has full support of Walter H. Wulf, Jr., Chief Executive Officer of The Monarch Cement Company, as well as the entire Monarch Cement management team. Sam Budreau, Corporate Director of Human Resources, is responsible for administering all aspects of the company's EEO policy and the AAP.

**Questions and Access to AAP.** Should you have any questions regarding equal employment opportunity or affirmative action issues, please contact Sam Budreau, Corporate Director of Human Resources, at [sam.budreau@monarchcement.com](mailto:sam.budreau@monarchcement.com) or (620) 473-2222, or make arrangements with your HR manager to review our EEO Policy and/or the AAP during regular work hours, Monday through Friday.

**Prohibition Against Retaliation.** Employees and applicants shall not be subjected to harassment, intimidation, threats, coercion, or discrimination because they have engaged in or may engage in any of the following activities: (1) Filing a complaint; (2) Assisting or participating in an investigation, compliance evaluation, hearing, or any other activity related to the administration of affirmative action, including but not limited to, provisions of section 503, VEVRAA, or any other Federal, state or local law requiring equal opportunity for individuals with disabilities and/or protected veterans; (3) Opposing any act or practice made unlawful by section 503 or its implementing regulations in this part, VEVRAA or its implementing regulations in this part, or any other Federal, state or local law requiring equal opportunity for individuals with disabilities and/or protected veterans; or (4) Exercising any other right protected by section 503 or its implementing regulations in this part, VEVRAA or its implementing regulations in this part, or any other Federal, state or local equal employment opportunity law.

# Equal Employment Opportunity is

# THE LAW

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.



## **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

## **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

## **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected: The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

## **Employers Holding Federal Contracts or Subcontracts**

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

## **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

## **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

## **Programs or Activities Receiving Federal Financial Assistance**

## **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

## **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

## REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## EMPLOYER RESPONSIBILITIES

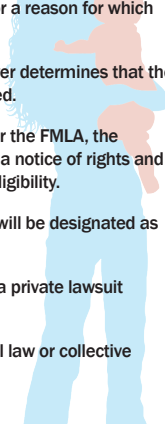
Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

# 1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

## www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



# EMPLOYEE RIGHTS

## EMPLOYEE POLYGRAPH PROTECTION ACT

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

**PROHIBITIONS** Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

**EXEMPTIONS** Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers.

The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer.

The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

**EXAMINEE RIGHTS** Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

**ENFORCEMENT** The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

**THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.**



WAGE AND HOUR DIVISION  
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243  
TTY: 1-877-889-5627  
[www.dol.gov/whd](http://www.dol.gov/whd)



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

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

The 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).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. 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 Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to 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., Suite 8200 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>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>



*Para obtener información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **Un resumen de sus derechos en virtud de la Ley de Informe Justo de Crédito**

La Ley de Informe Justo de Crédito (Fair Credit Reporting Act, FCRA), una ley federal, fomenta la exactitud, imparcialidad y privacidad de la información en los archivos de las agencias de informe del consumidor. Existen muchos tipos de agencias de informe del consumidor, incluidas las agencias de crédito (credit bureaus) y las agencias especializadas (como las agencias que venden información sobre el historial de extensión de cheques, registros médicos y registros de historial de alquiler). A continuación se presenta un resumen de sus principales derechos en virtud de la FCRA. **Para obtener más información, incluyendo información sobre derechos adicionales, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **Deben notificarle si la información contenida en su archivo se ha utilizado en su contra.** Todo aquel que utilice un informe de crédito u otro tipo de informe de consumidor para denegar su solicitud de crédito, seguro o empleo, o para emprender otra acción adversa en su contra, debe informarle y debe darle el nombre, la dirección y el número de teléfono de la agencia que proporcionó esa información.
- **Usted tiene derecho a saber lo que contiene su archivo.** Usted puede solicitar y obtener toda la información registrada bajo su nombre en los archivos de una agencia de informe del consumidor (divulgación de su información). Usted deberá proporcionar una prueba de su identidad, que puede incluir su número de Seguro Social. En muchos casos, la divulgación de la información de su archivo será gratuita. Usted tiene derecho a recibir una copia gratuita de su archivo si:
  - Una persona ha emprendido una acción adversa en su contra debido a la información contenida en su informe de crédito.
  - Usted es víctima de un robo de identidad y coloca una alerta de fraude en su archivo.
  - Su archivo contiene información inexacta como resultado de fraude.
  - Usted recibe asistencia pública.
  - Usted no está empleado pero prevé solicitar empleo en un plazo de 60 días.

Asimismo, todos los consumidores tendrán derecho a recibir una copia gratuita de la información registrada en su archivo cada 12 meses si así se lo solicitan a cada agencia de crédito a nivel nacional y a las agencias especializadas de informe del consumidor a nivel nacional. Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **Usted tiene derecho a pedir su puntaje de crédito.** Los puntajes de crédito son resúmenes numéricos de su solvencia de crédito basados en la información de las agencias de crédito. Usted puede solicitar su puntaje de crédito a las agencias de informe del consumidor que generan o distribuyen los puntajes utilizados en préstamos de bienes raíces residenciales, pero tendrá que pagar un cargo. En algunas transacciones hipotecarias, el prestamista le dará información sobre su puntaje de crédito gratuitamente.

- **Usted tiene derecho a impugnar la información incompleta o inexacta.** Si usted identifica información en su archivo que es incompleta o inexacta, y la reporta a la agencia de informe del consumidor, la agencia debe investigar, a menos que su impugnación sea frívola. Para consultar una explicación sobre los procedimientos de impugnación, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **Las agencias de informe del consumidor deben corregir o eliminar la información inexacta, incompleta o no verificable.** La información inexacta, incompleta o no verificable debe ser eliminada o corregida, por lo general en un plazo de 30 días. No obstante, si una agencia de informe del consumidor verifica la exactitud de la información, puede seguir reportándola.
- **Las agencias de informe del consumidor no pueden reportar información negativa desactualizada.** En la mayoría de los casos, una agencia de informe del consumidor no puede reportar información negativa ocurrida hace más de siete años, ni quiebras ocurridas hace más de 10 años.
- **El acceso a su archivo es limitado.** Una agencia de informe del consumidor puede proporcionar información sobre usted solamente a aquellas personas que realmente la necesiten — generalmente para considerar una solicitud presentada por usted ante un acreedor, asegurador, empleador, propietario de una vivienda en alquiler u otro negocio. La FCRA especifica quiénes son las personas que tienen una necesidad válida de acceso.
- **Usted debe otorgar su consentimiento para que se envíen sus informes a los empleadores.** Una agencia de informe del consumidor no puede darle información sobre usted a su empleador, ni a un posible empleador sin su consentimiento escrito a nombre del empleador. Por lo general, el consentimiento escrito no es requerido en la industria del transporte de carga por camión. Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **Usted puede limitar las ofertas "pre-evaluadas" de crédito y seguro que recibe y que están basadas en la información de su informe de crédito.** Las ofertas "pre-evaluadas" de crédito y seguro no solicitadas deben incluir un número de teléfono gratuito al que usted puede llamar si desea eliminar su nombre y dirección de las listas en las que se basan estas ofertas. Puede solicitar su exclusión voluntaria de estas listas llamando a las agencias de crédito a nivel nacional al 1-888-5-OPTOUT (1-888-567-8688).
- El siguiente derecho, en virtud de la FCRA, se aplica a las agencias de informe del consumidor a nivel nacional:

## **LOS CONSUMIDORES TIENEN EL DERECHO A OBTENER UNA SUSPENSIÓN POR SEGURIDAD**

Usted tiene derecho a colocar un "congelamiento de seguridad" en su informe de crédito, la misma que prohíbe a las agencias de informe del consumidor, a entregar información sobre su informe de crédito sin su autorización expresa. El congelamiento de seguridad está diseñado para evitar que créditos, préstamos y servicios se aprueben en su nombre sin su consentimiento. Sin embargo, usted debe saber que colocar un congelamiento de seguridad para controlar el acceso a la información personal y financiera en su informe de crédito podría retrasar, interferir o

bloquear la aprobación a tiempo de peticiones o solicitudes posteriores que usted haga con respecto a un nuevo préstamo, crédito, hipoteca o cualquier otra transacción para obtener un crédito.

Como alternativa a un congelamiento de seguridad, usted tiene derecho a colocar una alerta de fraude inicial o extendida en su archivo de crédito sin costo alguno. Una alerta de fraude inicial es un aviso que se coloca en el archivo de crédito del consumidor por un (1) año. Cuando una alerta de fraude se despliega en el archivo de crédito del consumidor, la empresa está obligada a tomar medidas para verificar la identidad de dicho consumidor, antes de concederle un crédito. Si usted es una víctima del robo de identidad, usted tiene derecho a colocar una alerta de fraude extendida, que es un aviso de fraude que dura 7 años.

El congelamiento de seguridad no es aplicable a personas o entidades, ni a las subsidiarias o agencias de cobranza que actúen en nombre de dichas personas o entidades, con las cuales usted ya tiene una cuenta y que solicitan información sobre su informe de crédito con el fin de cobrarle o revisar su cuenta. Revisar una cuenta significa realizar ciertas actividades como el mantenimiento, vigilancia, actualizaciones, mejoras y aumentos a la línea de crédito de dicha cuenta.

- **Usted puede obtener compensación de los infractores.** Si una agencia de informe del consumidor o, en algunos casos, un usuario de informe del consumidor, o un proveedor de información de una agencia de informe del consumidor infringe la FCRA, usted puede demandarlo ante una corte estatal o federal.
- **Las víctimas del robo de identidad y el personal militar en servicio activo tienen derechos adicionales.** Para obtener más información, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**Los estados tienen autoridad para hacer cumplir la FCRA, y muchos estados tienen su propia legislación sobre los informes de los consumidores. En algunos casos, usted puede tener más derechos en virtud de la ley estatal. Para obtener más información, comuníquese con su agencia estatal o local de protección del consumidor o con el Fiscal General estatal. Para obtener información sobre sus derechos federales, establezca contacto con:**

<b>TIPO DE NEGOCIO:</b>	<b>ESTABLEZCA CONTACTO CON:</b>
<p>1.a. Bancos, asociaciones de ahorro y cooperativas de crédito con activos totales de más de \$10 mil millones de dólares y sus filiales</p> <p>b. Dichas filiales que no sean bancos, asociaciones de ahorro o cooperativas de crédito también deben listar, además del CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

<p>2. En la medida en que no estén comprendidos en el punto 1 anterior:</p> <p>a. Bancos nacionales, asociaciones de ahorro federales y sucursales federales y agencias federales de bancos extranjeros</p> <p>b. Bancos miembros del estado, sucursales y agencias de bancos extranjeros (que no sean sucursales federales, agencias federales, o Sucursales Estatales Aseguradas de Bancos Extranjeros), compañías de préstamos comerciales de propiedad o controladas por bancos extranjeros y las organizaciones que operan bajo la sección 25 o 25A de la Ley de la Reserva Federal (Federal Reserve Act)</p> <p>c. Bancos Asegurados No Miembros, Sucursales Estatales Aseguradas de Bancos Extranjeros y asociaciones de ahorros estatales aseguradas</p> <p>d. Cooperativas Federales de Crédito</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 Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Compañías aéreas</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Acreedores sujetos a la Junta de Transporte Terrestre (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. Acreedores sujetos a la Ley de Empacadores y Corrales Ganaderos de 1921 (Packers and Stockyards Act, 1921)</p>	<p>Supervisor de la oficina más cercana de la Packers and Stockyards Administration</p>
<p>6. Compañías de Inversión en Pequeños Negocios</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Agentes y Distribuidores</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Bancos Agrícolas Federales, Asociaciones de Bancos Agrícolas Federales, Bancos Federales de Crédito Intermedio y Asociaciones de Crédito a la Producción</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Minoristas, Compañías Financieras y todos los demás acreedores no indicados anteriormente</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>