



400 East Military Avenue, Fremont, NE 68025-5141

Dear Applicant,

Thank you for your interest in joining our fire department! We are very excited for the opportunity to get to know you!

As part of our standard civil service hiring process, a background investigation may be conducted regarding your application. Please complete the attached Disclosure and Waiver and the Personal History Statement and return it with your completed application. The packet may be submitted in the following methods:

- Uploaded directly to your application (preferred method), can only be done if this document is completed prior to submission of your application. If you have already submitted your application, you will need to submit this document via another method.
- Emailed to jobs@fremontne.gov (We do recommend confirming receipt of packets submitted via email, as our network does have size limitations for incoming messages)
- Mailed or dropped off directly to the Human Resources Department at 400 E. Military Avenue.
 - Business hours are 8:00 AM to 4:30 PM, Monday through Friday.
 - There is also a night drop box available in the drive through. Please place your packet in a sealed envelope and write "Attention Human Resources" on the envelope.

Please also provide us with copies of the following:

- Your High School diploma or GED Certificate. This does not need to be an official copy. If you do not have your diploma, you may also send a copy of your transcript.
- Your transcripts from all colleges or universities that you have attended. (Original transcripts must be received by us in an officially sealed envelope or secure email directly from the school. We cannot accept copies, unofficial copies, or documents sent to you.)
- Your Diplomas or training certificates from any school or other educational institutions you have attended. You do not need to resend documents that you included with your application packet.
- Your Military discharge papers, if not previously submitted. (Must include discharge status - Long form)
- Copies of your EMT license (or National Registry), Firefighter 1 and Hazardous Materials Operations certificates from the Nebraska State Fire Marshal, if not previously submitted.

As you complete this packet, please read the instructions and answer carefully. You must provide a response to each section. Failure to submit a completed packet or the above required documents by the deadline will delay your consideration for employment or remove you from consideration for this posting.

Thank you for your application. If you have any questions or desire further information, please contact the Human Resources department at (402) 459-2371.

Sincerely,

Jennifer McDuffee
Director of Human Resources



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Personal History Statement

These instructions are very important, please read carefully and follow all instructions provided.

The information in the Personal History Statement will be used in the investigation into your background to assist in determining your suitability for the position of Firefighter/EMT. Please fill out the questionnaire **completely** and **accurately**.

Please print clearly in blue or black ink or type your responses. If a question does not apply to you, write **N/A** (not applicable) in the space provided for your answer. **Do not leave any field or space blank.** If you need more space to respond to a question please use the Additional Notes section on pages 25 and 26 on this form. If using the Additional Notes section, identify the additional information by the category.

When listing addresses, include complete street address, apartment numbers, City, State, and Zip Code. Include area codes with all phone numbers.

Make sure that your name is clearly printed in the space provided on the bottom of each page of your packet. All pages must be submitted. We are unable to accept incomplete packets.

Keep in mind that:

- 1. All statements are subject to verification.**
- 2. Deliberate inaccuracies, omissions, or falsifications may bar or remove you from employment and may render you ineligible for future employment consideration. This will include disciplinary action and/or termination of employment if the discrepancy is realized after you are employed.**
- 3. You must account for all time periods in your background.**

It is to your advantage to respond openly. Any negative factors in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of Firefighter/EMT.

Your signature below indicates that you fully understand the procedures and responsibilities stated above.

Signature _____

Printed Name _____

Social Security Number _____

Date _____

Fremont Fire Department Personal History Statement

Name: _____

Date: _____

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Background Check Disclosure

In connection with your employment application and for other employment purposes, the City of Fremont may seek background information about you from a consumer reporting agency. This information will be in the form of a consumer report.

These reports may be obtained at any time after the City of Fremont receives authorization from you, including any time during the period of your employment if the City of Fremont hires you. Consumer reports include any written, oral or other communication of information by consumer reporting agencies bearing on your credit standing, character, general reputation, and other personal characteristics that are expected to be used for employment purposes. Consumer reports may include credit reports, criminal reports, and driving records among other resources.

Investigative consumer reports include similar information as consumer reports which are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you. ScreeningOne or another consumer reporting agency will obtain the reports for the City of Fremont.

You have the right to request information from the City of Fremont about the nature and scope of any consumer report on you that is requested by the City of Fremont. The request must be made in writing and within a reasonable period of time after you have received this disclosure. A copy of a Summary of Your Rights Under the Federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure.

Release of Information Waiver and Authorization to Obtain Consumer Reports under the Fair Credit Reporting Act

I acknowledge that I have received and read the Fair Credit Reporting Act background check disclosure above and A Summary of Your Rights Under the Fair Credit Reporting Act (attached at the end of this document), and this authorization. I certify that I understand the documents that I have received.

I hereby authorize the City of Fremont or its authorized agents, for employment purposes to obtain or prepare consumer reports at any time after it receives this authorization, including any time that I might be employed by the City of Fremont.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military and other individuals and entities to provide any and all information that is requested by ScreeningOne, other consumer reporting agencies or the City of Fremont.

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Date: _____

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I hereby certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment application or that I might otherwise disclose during my employment may be used to obtain consumer reports.

Date _____

Signature _____

Printed Full Name _____

Date of Birth _____

Social Security Number _____

Current Street Address _____

City, State, ZIP code _____

Phone Number(s) _____

Notary

Acknowledgement (Notary)

State of Nebraska

s.s.

County of _____)

The foregoing instrument was acknowledged before me this

_____ day of _____, 20__

by _____
(Notary's signature)

Fremont Fire Department Personal History Statement

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Date: _____



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PERSONAL HISTORY STATEMENT

Name: Last/First/Middle		Social Security Number
Date of Birth (Mo/Day/Yr)	Home Telephone	Work Telephone
Other Names You Have Had	Hours You Can be Reached at These Phone Numbers	
Home Address, Apartment Number, City, State, Zip Code		

FOR THE PURPOSE OF IDENTIFICATION

Height	Weight	Hair Color	Distinguishing Marks, Scars, or Tattoos
Sex	Eye Color		

References: List only persons you have known for at least six months. Do not list relatives, former employers, teachers or doctors. List a minimum of six references, more than six is encouraged.

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

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Name: _____

Date: _____



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References Continued

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

References Continued

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Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Fremont Fire Department Personal History Statement

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References Continued

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Relationship to Candidate	How long have you known this individual?	

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
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Name: _____

Date: _____



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Educational History: List all schools you have attended beginning with high school.

Name of School	Address, City, State, Zip Code Telephone Number	Dates Attended		Type of Degree	Suspended or Expelled
		From	To		

Explain any school suspension or academic probation of any kind:

School References: List persons (Teachers, Counselors, etc.) in schools that you have attended in the last three years.

Name	School	Address, City, State, Zip Code	Telephone Number

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Date: _____



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Special Skills: List any abilities you feel would advance your performance in the job that you have applied for. Please list any certifications or licenses that you possess.

Former Residences: List all the addresses where you have lived in the last seven (7) years. Begin with your current address and list backwards. Also list the companies or the individuals from whom you have rented these residences.

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Person's Name	Address, City, State, Zip Code, Telephone			

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Person's Name	Address, City, State, Zip Code, Telephone			

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Name: _____

Date: _____



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Residences Continued

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Person's Name	Address, City, State, Zip Code, Telephone			

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Person's Name	Address, City, State, Zip Code, Telephone			

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Person's Name	Address, City, State, Zip Code, Telephone			

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Rental Company or Person's Name	Address, City, State, Zip Code, Telephone			

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Employment History : List all employment you have ever had beginning with the most recent. Include military, full time and part time employment, and all periods of unemployment.

For this section, "Resigned" means that you voluntarily resigned from your position, provided formal (i.e. written) notice of your resignation per company policy (if applicable), and provided and worked at least two weeks of notice (or the notice period required by company policy). "Quit" means that you voluntarily left your employment but that you did not provide formal notice and/or did not provide and work at least a two-week notice.

Business Name		
Address, City, State, Zip Code		Telephone Number
From: (Month/Year)	Position Held	Supervisor
To: (Month/Year)	Duties	Co-Worker Name
Reason for Leaving Employment: (Explain)		
Resigned <input type="checkbox"/> Yes <input type="checkbox"/> No Quit <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No		
Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business Name		
Address, City, State, Zip Code		Telephone Number
From: (Month/Year)	Position Held	Supervisor
To: (Month/Year)	Duties	Co-Worker Name
Reason for Leaving Employment: (Explain)		
Resigned <input type="checkbox"/> Yes <input type="checkbox"/> No Quit <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No		
Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Employment History Continued

Business Name		
Address, City, State, Zip Code		Telephone Number
From: (Month/Year)	Position Held	Supervisor
To: (Month/Year)	Duties	Co-Worker Name
Reason for Leaving Employment: (Explain)		
Resigned <input type="checkbox"/> Yes <input type="checkbox"/> No Quit <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Employment History Continued

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Reason for Leaving Employment: (Explain)		
Resigned <input type="checkbox"/> Yes <input type="checkbox"/> No Quit <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business Name		
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Employment History Continued

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Reason for Leaving Employment: (Explain)		
Resigned <input type="checkbox"/> Yes <input type="checkbox"/> No Quit <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Business Name		
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Resigned <input type="checkbox"/> Yes <input type="checkbox"/> No Quit <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Employment History Continued

Business Name		
Address, City, State, Zip Code		Telephone Number
From: (Month/Year)	Position Held	Supervisor
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Business Name		
Address, City, State, Zip Code		Telephone Number
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Employment History Continued

Business Name		
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Resigned <input type="checkbox"/> Yes <input type="checkbox"/> No Quit <input type="checkbox"/> Yes <input type="checkbox"/> No Laid Off <input type="checkbox"/> Yes <input type="checkbox"/> No Released <input type="checkbox"/> Yes <input type="checkbox"/> No Asked to Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business Name		
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Employment History Continued

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Address, City, State, Zip Code		Telephone Number
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Date: _____



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PAST MILITARY HISTORY

Branch	Service Number	Date of Service Month/Year to Month/Year	Type of Discharge
Were you ever subject to any disciplinary action of any kind ? Explain:			
Were you ever involved in a Court Martial while in the Service? Explain:			
Did you receive any commendations, honors, etc.? Explain:			

CURRENT MILITARY HISTORY

List any active participation in the military reserves or National Guard

Branch	Service Number	Date of Service Month/Year to Month/Year
Unit's Name	Address, City, State, Zip Code	Telephone
Immediate Commander	Address, City, State, Zip Code	Telephone
Friend or Associate in the Military	Address, City, State, Zip Code	Telephone
Were you ever subject to any disciplinary action of any kind ? Explain:		
Did you receive any commendations, honors, etc.? Explain:		

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Foreign Languages: Do you have any foreign language ability? Yes _____ No _____

If yes, complete the below and indicate your proficiency as slight, good, or fluent.

Name of Language	Speak	Understand	Read	Write

Driver's License: List any and all previous and current names under which driver's licenses have been issued to you.

Name	State	License Number

Have your driving privileges ever been restricted? Yes No

Has your driver's license ever been suspended or revoked? Yes No

Have you ever been refused a driver's license? Yes No

Have you been involved in any traffic accidents in the last three (3) years? Yes No

If yes, give date, location and law enforcement agency.

If yes to any of the above, please explain the circumstances.

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Civil Lawsuits: List any suits in which you were a defendant (other than divorce-related).

Incident	Month	Year	City	County	State

Criminal and Traffic History: List **all** traffic tickets, criminal arrests, and/or convictions, including juvenile offenses, that you have **ever** had.

Incident	Month	Year	City/County & State	<input type="checkbox"/> Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction
				<input type="checkbox"/> Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction
				<input type="checkbox"/> Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction
				<input type="checkbox"/> Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction
				<input type="checkbox"/> Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction
				<input type="checkbox"/> Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction
				<input type="checkbox"/> Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction
				<input type="checkbox"/> Ticket <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction

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Domestic Violence

Have you ever been convicted of any type of crime involving domestic violence? Yes No

Have you ever committed an act of domestic violence? Yes No

Have you ever been involved in a child abuse or neglect investigation of any kind? Yes No

Have you ever had a Protection Order sworn out against you? Yes No

If you answered yes to any of the above question, explain in the Additional Notes section at the end of this document.

Financial History

Have any of your bills been turned over to a collection agency? Yes No

Have you ever purchased goods that were later repossessed? Yes No

Have your wages ever been garnished or assigned? Yes No

Have you ever been delinquent on any Federal Income or state taxes? Yes No

Have you ever written an insufficient fund check that you did not make good? Yes No

If yes, give details of amount, who to, and date of occurrence.

If you answered yes to any of the above questions, explain in the Additional Notes section at the end of this document.

ADDITIONAL QUESTIONS

Have you used marijuana, illegal drugs, or abused prescription drugs? This includes taking prescription medication not prescribed to you. Yes No

If yes, name the substance, the frequency of use, and period of uses (dates) in the Additional Notes section at the end of this document. (Disclosure must be for all substances and periods of uses.)

Have you ever bought, sold, distributed, manufactured, or abused illegal drugs? Yes No

If yes, name the substance, the frequency of use, and period of uses (dates) in the Additional Notes section at the end of this document. (Disclosure must be fore all substances and periods.)

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Do you have any gang affiliations, ties, or associations? Yes No

If yes, explain in the Additional Notes section at the end of this document.

Have you in the past or are you currently now involved in gang activities? Yes No

If yes, explain in the Additional Notes section at the end of this document.

In the past 5 years, have you ever used physical force against another person? Yes No

If yes, explain in the Additional Notes section at the end of this document.

Explain your alcohol consumption habits (please be specific):

Since the age of 18, have you ever stolen money or property from an employer or stolen money or property from someone else? Yes No

If yes, explain the circumstances, item or amount, and when in the Additional Notes section at the end of this document.

Do you have any beliefs (e.g. moral, religious, etc.) which would prevent you from fully performing the duties of a Firefighter/EMT including working weekends, evenings, holidays, 24-hour or longer shifts or night shifts?

Yes No

If yes, explain in the Additional Notes section below.

ADDITIONAL NOTES

When using this additional space, note the specific section.

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Name: _____

Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, 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 or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

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

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

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

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

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

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

TYPE OF BUSINESS:	CONTACT:
<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 NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW 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 P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</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 NW Washington, DC 20580 (877) 382-4357</p>