



HERITAGE RANCH COMMUNITY SERVICES DISTRICT APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY TO ABIDE BY ALL FEDERAL AND STATE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION SOLELY ON THE BASIS OF A PERSON'S RACE, ANCESTRY, COLOR, CREED, NATIONAL ORIGIN, RELIGION, AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, HANDICAP, PREGNANCY, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, STATUS AS A VIETNAM OR SPECIAL DISABLED VETERAN, OR OTHER PROTECTED CHARACTERISTICS EXCEPT WHERE A REASONABLE, BONA FIDE OCCUPATIONAL QUALIFICATION EXISTS. WE COMPLY WITH ALL LAWS REGARDING REASONABLE ACCOMMODATION FOR DISABLED AND HANDICAPPED EMPLOYEES.

ALL QUESTIONS MUST BE ANSWERED CAREFULLY AND COMPLETELY. IF YOU HAVE A RESUME YOU MAY ATTACH IT, BUT YOU MUST FILL IN THE REQUIRED INFORMATION ON THIS APPLICATION FORM. PLEASE TYPE OR PRINT CLEARLY.

GENERAL INFORMATION

TODAY'S DATE				SOCIAL SECURITY NUMBER	
LAST NAME	FIRST	MIDDLE	HOME PHONE		
ADDRESS	STREET	CITY	STATE	ZIP	MESSAGE PHONE

EMAIL ADDRESS _____

HAVE YOU EVER WORKED UNDER ANOTHER NAME? YES NO
 IF YES, PLEASE GIVE NAME: _____ DATE OF NAME CHANGE: _____

LIST ALL PRIOR ADDRESSES FOR THE LAST 7 YEARS

DATE FROM	DATE TO	NUMBER AND STREET	CITY	STATE	ZIP
DATE FROM	DATE TO	NUMBER AND STREET	CITY	STATE	ZIP
DATE FROM	DATE TO	NUMBER AND STREET	CITY	STATE	ZIP

EMPLOYMENT DESIRED

POSITION DESIRED _____

CHECK TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME TEMPORARY

IF NOT FULL TIME, DAYS AVAILABLE: MON TUE WED THUR FRI SAT SUN

IF NOT FULL TIME, HOURS AVAILABLE: _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK? _____

ARE YOU WILLING AND ABLE TO WORK OVERTIME? YES NO

PERSONAL DATA

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED WITH US BEFORE? YES NO IF YES, GIVE DATE: _____

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR THE DISTRICT? YES NO
 IF YES, STATE NAME(S) AND RELATIONSHIP: _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, MAY WE CONTACT YOUR EMPLOYER? YES NO

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

PERSONAL DATA (CONTINUED)

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO **IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.**

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?
 YES NO **PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.**

EMPLOYMENT HISTORY

START WITH YOUR MOST RECENT POSITION. PLEASE COMPLETE THIS SECTION IN ITS ENTIRETY. USE ADDITIONAL SHEETS IF NECESSARY. RESUMES WILL NOT BE ACCEPTED IN LIEU OF THE REQUIREMENTS OF THIS SECTION. DATES OF EMPLOYMENT MUST BE STATED IN MONTHS AND YEARS. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT.

EMPLOYER NAME		ADDRESS					
PHONE		SUPERVISOR					
JOB TITLE		WORK PERFORMED:					
FROM: <table border="1"><tr><td>MONTH</td><td>YEAR</td></tr></table>	MONTH			YEAR	TO: <table border="1"><tr><td>MONTH</td><td>YEAR</td></tr></table>	MONTH	YEAR
MONTH	YEAR						
MONTH	YEAR						
REASON FOR LEAVING:							
EMPLOYER NAME		ADDRESS					
PHONE		SUPERVISOR					
JOB TITLE		WORK PERFORMED:					
FROM: <table border="1"><tr><td>MONTH</td><td>YEAR</td></tr></table>	MONTH			YEAR	TO: <table border="1"><tr><td>MONTH</td><td>YEAR</td></tr></table>	MONTH	YEAR
MONTH	YEAR						
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MONTH	YEAR						
MONTH	YEAR						
REASON FOR LEAVING:							

EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER NAME		ADDRESS	
PHONE		SUPERVISOR	
JOB TITLE		WORK PERFORMED:	
FROM: MONTH YEAR	TO: MONTH YEAR		
REASON FOR LEAVING:			

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (PROVIDE FULL NAMES OF SCHOOLS)	DATES ATTENDED	NAME AND DATE OF DEGREE EARNED	MAJOR AND MINOR FIELDS OF STUDY
HIGH SCHOOL OR TRADE SCHOOL		DO NOT SUPPLY DATES FOR HIGH SCHOOL	DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO Equivalent? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TECH. SCHOOL				
COLLEGE				
COLLEGE				

WATER AND WASTEWATER TRAINING AND CERTIFICATIONS

WATER: _____

WASTEWATER: _____

SPECIAL SKILLS AND QUALIFICATIONS

COMPUTER SOFTWARE: _____

OTHER EQUIPMENT: _____

PROFESSIONAL REFERENCES

LIST BELOW THREE PEOPLE YOU HAVE WORKED WITH FOR AT LEAST ONE YEAR (DO NOT LIST SUPERVISORS). DO NOT LIST RELATIVES OR FRIENDS UNLESS YOU HAVE WORKED WITH THEM.

NAME	OCCUPATION
PHONE NUMBER	EMAIL ADDRESS
NUMBER OF YEARS ACQUAINTED	COMPANY WHERE YOU WORKED TOGETHER
NAME	OCCUPATION
PHONE NUMBER	EMAIL ADDRESS
NUMBER OF YEARS ACQUAINTED	COMPANY WHERE YOU WORKED TOGETHER
NAME	OCCUPATION
PHONE NUMBER	EMAIL ADDRESS
NUMBER OF YEARS ACQUAINTED	COMPANY WHERE YOU WORKED TOGETHER

CERTIFICATE OF APPLICANT, READ CAREFULLY

I HEREBY CERTIFY I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION WHICH MIGHT ADVERSELY AFFECT MY CHANCES OF EMPLOYMENT AND THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ANY DOCUMENTS USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

I HEREBY AUTHORIZE ANY PRESENT EMPLOYER OR SUPERVISOR, PAST EMPLOYER OR SUPERVISOR, COLLEGE, UNIVERSITY OR OTHER INSTITUTION OF LEARNING, COURT, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, FEDERAL AGENCY, FINANCE BUREAU/OFFICE, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS, TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY EMPLOYMENT RECORDS, CREDIT HISTORY, EDUCATIONAL RECORDS, HEALTH, CHARACTER, CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, WORKERS' COMPENSATION CLAIMS, OR OTHER INFORMATION REQUESTED TO THE DISTRICT OR ITS REPRESENTATIVE. I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. A PHOTOGRAPHIC OR FAXED COPY OF THE AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I HEREBY AGREE TO SUBMIT TO BINDING ARBITRATION ALL DISPUTES AND CLAIMS ARISING OUT OF THE SUBMISSION OF THIS APPLICANT. I FURTHER AGREE, IN THE EVENT THAT I AM HIRED BY THE DISTRICT, THAT ALL DISPUTES THAT CANNOT BE RESOLVED BY INFORMAL INTERNAL RESOLUTION WHICH MIGHT ARISE OUT OF MY EMPLOYMENT WITH THE DISTRICT, WHETHER DURING OR AFTER THAT EMPLOYMENT, WILL BE SUBMITTED TO BINDING ARBITRATION. I AGREE THAT SUCH ARBITRATION SHALL BE CONDUCTED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. THIS APPLICATION CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH REGARD TO DISPUTE RESOLUTION, AND THERE ARE NO OTHER AGREEMENTS AS TO DISPUTE RESOLUTION, AND THERE ARE NO OTHER AGREEMENTS AS TO DISPUTE RESOLUTION, EITHER ORAL OR WRITTEN.

I HEREBY UNDERSTAND AND ACKNOWLEDGE ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT I MAY RESIGN AT ANY TIME AND THE DISTRICT MAY DISCHARGE ME AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY WRITTEN DOCUMENTATION OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THE DISTRICT. I FURTHER UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE DISTRICT.

I HAVE READ AND UNDERSTOOD THE ABOVE:

APPLICANT'S SIGNATURE

DATE

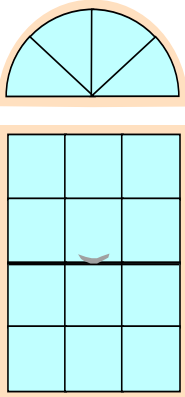
APPLICANT'S NAME PRINTED

DISCLOSURE AND AUTHORIZATION

DISCLOSURE: AN INVESTIGATIVE CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES.

In accordance with the Fair Credit Reporting Act, a consumer report or investigative consumer report including information about your general reputation, character, or personal characteristics may be obtained. Attached to this disclosure is a Summary of your Rights and information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics.

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, consumer reporting agency, private business, military branch or the National personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, and employment records, workers' compensation claims, general reputation, character, performance, social media checks (i.e. Facebook, Google, etc.) or any other information requested to J. H. Smith Consulting, their clients, and/or their agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original. According to the FAIR CREDIT REPORTING ACT, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. I understand that if hired, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to the company Human Resources office.

 <p>J.H. Smith Consulting <i>Human Resources and Business Management</i> PO Box 842</p>					
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature _____</td> <td style="width: 30%; border: none;">Date _____</td> </tr> </table>	Signature _____	Date _____		
	Signature _____	Date _____			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%; border: none;"><i>Please print</i></td> <td style="width: 25%; border: none;">First Name</td> <td style="width: 25%; border: none;">Middle Name</td> <td style="width: 40%; border: none;">Last Name</td> </tr> </table>	<i>Please print</i>	First Name	Middle Name	Last Name
	<i>Please print</i>	First Name	Middle Name	Last Name	
	List any other names under which you have worked or received a degree				
	Street Address				
	City, State, Zip				
<table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none;">Social Security Number*</td> <td style="width: 35%; border: none;">Date of Birth*</td> </tr> </table>	Social Security Number*	Date of Birth*			
Social Security Number*	Date of Birth*				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Driver's License Number</td> <td style="width: 40%; border: none;">State of Issue</td> </tr> </table>	Driver's License Number	State of Issue			
Driver's License Number	State of Issue				

*This information will be used for background screening purposes only and will not be used as hiring criteria.

You have the right to receive a copy of your Investigative Consumer Report should one be requested for employment reasons.

I wish to be furnished with a copy of my Investigative Consumer Report should one be ordered

MAY WE CONTACT YOUR CURRENT EMPLOYER? (check appropriate box below)

Yes No Not applicable

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Applicants To Keep This Page

NOTIFICATION PER CALIFORNIA CIVIL CODE 1786.16

According to the provisions of the California Investigative Consumer Reporting Agencies Act (Civil Code 1786.16), we are providing a written notification that an Investigative Consumer Report on you may be requested as part of the applicant selection process.

California law defines an “investigative consumer report” as “a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through any means. The term does not include a consumer report or other compilation of information that is limited to specific factual information relating to a consumer's credit record or manner of obtaining credit obtained directly from a creditor of the consumer or from a consumer reporting agency when that information was obtained directly from a potential or existing creditor of the consumer or from the consumer.”

J H Smith Consulting will conduct the investigative consumer report. The nature and scope of the report may include any of the follow components:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Civil Litigation Report | <input checked="" type="checkbox"/> Employment Verification | <input checked="" type="checkbox"/> Reference Check |
| <input checked="" type="checkbox"/> Criminal History Search | <input checked="" type="checkbox"/> Motor Vehicle Report | <input checked="" type="checkbox"/> Social Media Checks |
| <input checked="" type="checkbox"/> Education Verification | <input checked="" type="checkbox"/> Professional License Check | <input checked="" type="checkbox"/> Social Security Trace |

To help California consumers detect identify fraud, section 1786.16 was added to the California civil code allowing you to receive a copy of the report in a timely manner. You will receive a copy of your investigative consumer report either at the time of a meeting or interview or within seven days of the date the employer or prospective employer received the report whichever is earlier. You will also be provided with additional information should you suspect that you have been a victim of identify fraud.

Upon request and proper identification, J H Smith Consulting will supply files and information during normal business hours and on reasonable notice. Files are available for visual inspection in person or by certified mail. A person of your choosing may accompany you on a personal inspection. A summary of all information is also available by telephone upon proper identification. (J H Smith Consulting, PO Box 842, Pismo Beach, CA 93448, 805-481-1252).

Applicants To Keep This Page

Notice Regarding Background Investigation Pursuant to California Law

Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of a "consumer report," "consumer credit report," and/or an "investigative consumer report" (consumer report) obtained for employment purposes. Such consumer reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal history, verifying references, employment history, social security number, educational history, licensure, and certifications, driving history, and other information about you, and interviewing people who are knowledgeable about you. The results of this consumer report may be used as a factor in making employment decisions.

The source of any investigative consumer report (as that term is defined under California law) will be JH Smith Consulting, PO Box 842, Pismo Beach, CA 93448 (805) 481-1252.

The Company agrees to provide you with a copy of a consumer report when required to do so under California law.

Under the California Civil Code you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file. You should inform the ICRA if you are unemployed, receiving public assistance, or have reason to believe fraud has occurred in regard to your personal information.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Applicants To Keep These Two Pages

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street, NW, Washington, D.C. 20552.**

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

In addition, all consumers 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 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.
- **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. Federal enforcers are:

Type of Business	Please Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA, Washington, DC 20580 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after the bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer and Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051