

Array of Brighter Beginnings, Inc Staff Onboarding Check List

- ___ Application
- ___ Resume
- ___ Criminal Background Check Form (must clear before able to work)
- ___ Job Description
- ___ Diploma (copy of degree)
- ___ 3 reference Checks
- ___ Offer Welcome Letter
- ___ AOBB Core Values and Annual Strategic Plan

- ___ I-9 Verification Form (Everyone)
 - ___ Driver's License or Passport
 - ___ Social Security Card
- ___ Staff/Employee Confidentiality Statement
- ___ Criminal Disclosure Personnel
- ___ Core Values Strategic Plan
- ___ W-9 Tax form (Independent Contractors only)
- ___ W-4 Tax form (Hourly and Salary Employees)
- ___ HIPAA Agreement
- ___ Hepatitis-B Statement
- ___ Influenza Vaccination - I, Handwashing – II, and COVID-19 Policy – III

- ___ Notice of Privacy Ractivities For Protected Health Information (PHI)
and HIPAA

___ Client Rights Statement

___ Consumer Handbook

___ Staff Handbook

Post Hiring Process:

___ Independent Contactor's Contract Agreement (1099 only) Provided by Office (Once assigned a consumer)

___ Employee Contract Agreement (W-2 only) Provided by Office

___ Clint Specific Contact (for DCS workers only) Provided by Office (Once assigned a consumer)

Liability Insurance

___ Proof of Car Insurances (All Staff)

___ Proof Homeowners or Rental Insurance (ALF Providers, only)

Required Training and Certifications

All training must be completed within the first week for some and within the first 30 days for others.

Contact Hours Training (In-Person)

___ First Aid and CPR (if, have. If not, you must attend training, in-person contact training hours)

___ NCI Training (You cannot transfer NCI Training from another agency, must attend AOBB NCI Training) (all staff, in-person contact training hours) **(Required Annually)**

___ Medication and Administration g, Seizer Management, Substance Abuse, Blood Born Pathogen Training (All Staff, in-person contact training hours) **(Required Annually)**

___ WRAP (Wellness Recovery Action Planning) Training

Online Training

Introduction to Intellectual & Developmental Disabilities Module I (Online AOBB Website) **(additional training may be needed based on job performance)**

Core Values, Confidentiality, & HIPPA Training Module 2 Training (Online AOBB Website) **(additional training may be needed based on job performance)**

Competency-Based Training on Client Rights and Worker's Responsibility Training Module 3 (Online AOBB Website) **(additional training may be needed based on job performance)**

Cultural Competency For Behavior Health (Online AOBB Website)

OnTarget Training (Online OnTarget Website, A link will be email upon hire)

Staff Acknowledgement

By signing this document, I acknowledge everything listed on this check list is required for employment at Array of Brighter Beginnings, Inc.

(Staff Signature)

Date



813A S. Oakland Street
 Gastonia, NC 28054-0474
 704-215-6896/704-671-2694

Application for Employment

PERSONAL INFORMATION

DATE _____

NAME _____

LAST FIRST MIDDLE Email Address

(MM/DD/YR)

SOCIAL SECURITY # _____ DATE OF BIRTH _____ Driver's License # _____

PRESENT ADDRESS

STREET CITY STATE ZIP

PREVIOUS ADDRESS

STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? Yes No IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS/ CERTIFICATES:(include a copy with application) _____

Activities: (CIVIC ATHLETIC ETC.): _____

U. S MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991. If by chance you are not selected for this position your personal data will be stored for up to 1 year or sooner, then after disposed via paper shredder/shredding per the AOB confidentiality policy.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Have you ever been convicted of violating a State or Federal Law including traffic? _____yes _____no

Have your privileges to provide direct care services ever been revoked or suspended? _____yes _____no

Disclosure Statement: I do not have any criminal, social, or medical history that adversely affects my capability to work with children and adults. _____Initials

If you answered yes to any of the above questions above, please explain: _____

PROFESSIONAL REFERENCES:

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]

IT IS UNLAWFUL IN THE STATE OF NORTH CAROLINA TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE

Print NAME

DATE

HIRE DATE:

OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No

Needs IT Support: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

2.

3

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

ARRAY OF BRIGHTER BEGINNINGS, INC.

Personal References Form

I authorize Array of Brighter Beginnings, Inc. to perform a Personal References check through the name(s) listed below. I have been made aware this authorization is in connection with my application for employment or volunteer services through this agency.

(Please Print)

Last Name	First Name	Middle Name
Maiden Name		
Social Security Number	Date of Birth	Gender

Personal Reference Contact Name, Phone Number and Address	Relationship Type	Length of Relationship	OFFICE USE ONLY Comments/Verification made by reference check, Date completed and ABB's Signature:
<div style="border-bottom: 1px solid black; width: 80%; margin-left: 5px;">() _____</div>		_____ months _____ years	
<div style="border-bottom: 1px solid black; width: 80%; margin-left: 5px;">() _____</div>		_____ months _____ years	
<div style="border-bottom: 1px solid black; width: 80%; margin-left: 5px;">() _____</div>		_____ months _____ years	

I am giving permission to release this information to ARRAY OF BRIGHTER BEGINNINGS, INC.

Applicant's/Volunteer's Signature	Date
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<p>EMPLOYEE CONFIDENTIALITY STATEMENT</p>	<p>To be completed at new employee orientation and updated annually. To be filed in the personnel file.</p>
<p>In order to ensure compliance with Federal and State regulations and to maintain trust among employees and consumers receiving services, it is Array of Brighter Beginnings policy to protect and safeguard confidential information concerning consumers receiving services, employees, and organizational operations.</p> <p>Confidential material is to be kept confidential and not communicated to any person other than those employees requiring it for successful performance in their jobs or individuals directly involved. Information should be disclosed only on a "need-to-know" basis. Supervisors should safeguard all personnel information and documents. This also includes faxing and sending documents via US mail and email. Staff should exercise extreme discretion when discussing confidential information.</p> <p>Any individuals who fail to safeguard confidential information will be subject to civil penalty and/or disciplinary action up to and including immediate termination.</p> <p>By signing below, I acknowledge that I have received, read, and understand Array of Brighter Beginnings Confidential Information Policy and HIP AA Guidelines have been explained to me.</p> <p>EMPLOYEE'S NAME (printed): _____</p> <p>EMPLOYEE'S SIGNATURE: _____</p> <p>TITLE: _____</p> <p>DATE: _____</p>	



DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION
ORDER NUMBER:

FAX: 910.343.9731

Company Name: **Array Of Brighter Beginnings Inc.**

CAC: **RR48**

(“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Castle Branch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<u>New York and Maine applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
<u>New York applicants or employees only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Oregon applicants or employees only:</u> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.
<u>Washington State applicants or employees only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Castle Branch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Last Name _____ First _____ Middle _____ Suffix _____

Other Names/Maiden/Alias _____

Social Security*# _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

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

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark (4) the searches to be conducted.

Contact: _____ Email: _____

Phone: _____ Fax: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

("the Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such 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"), you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this 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 **Castle Branch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The source of any credit report will be **Castle Branch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, 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.
- 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. ICRA's complying with requests for certified mailing shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account 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 identify

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.

Notice Regarding Credit Checks:

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the Company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash; OR
- The Company will not obtain a consumer credit report on you.
- The Company is subject to 15 U.S.C. Sec. 6801-6809, the Gramm-Leach-Bliley Act and Section 1024.5 of the California Labor Code does not apply.

NOTICE REGARDING CREDIT CHECKS PER VERMONT LAW

Pursuant to Vermont Act No. 154 (S. 95), the Company informs you that it may obtain a credit report about you, for the following reason(s):

- The information is required by state or federal law or regulation;
- You seek to be/are employed in a position that involves access to "confidential financial information" (defined as "sensitive financial information of commercial value that a customer or client of the employer gives explicit authorization for the employer to obtain, process, and store and that the employer entrusts only to managers or employees as a necessary function of their job duties");
- The Company is a financial institution as defined in 8 V.S.A. §11101(32) or a credit union as defined in 8 V.S.A. §30101(5);
- You seek to be/are employed in a position as a law enforcement officer, emergency medical personnel or firefighter as these terms are respectively defines in 20 V.S.A. §2358, 24 V.S.A. §2651(6) and 20 V.S.A. §3151(3)
- You seek to be/are employed in a position that requires a financial fiduciary responsibility to the Company or a Company's clients, including the authority to issue payments, collect debts, transfer money or enter into contracts;
- You seek to be/are employed in a position that involves access to the Company's payroll information;
- The Company can demonstrate that credit information is a valid and reliable predictor of employee performance in the your specific position of employment;
- The Company will not obtain a consumer credit report on you.

Para información en español, visite 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 the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, 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 identify 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.

- **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:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

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

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357



CRIMINAL DISCLOSURE PERSONNEL

In compliance with North Carolina General Statute 114-193, AOBB, INC. will initiate a criminal history record check for each prospective employee upon consent. AOBB, INC. will not employ an applicant who refuses to consent to a criminal history record check as required by this policy.

Criminal history record checks for North Carolina residents as conducted by the State Bureau of Investigation. All criminal history information received is confidential and may not be disclosed.

an applicant's criminal history record check reveals one or more convictions of a relevant offense as defined in North Carolina's General Statute 13 Id-40, AOBB, INC. will evaluate all the following factors in determining whether to hire the applicant.

1. The level and seriousness of the crime
2. The date of the crime
3. The age of the person at the time of conviction
4. The circumstances surrounding the commission of the crime, if known
5. The relativity between the nature of the criminal conduct of the person and the job duties of the position to be filled
6. The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the Crime was committed
7. The subsequent commission by the person of a relevant offense

The fact that a person has been convicted of a relevant offense alone will not prohibit employment; however, the Director shall consider the factors listed above.

Those with felony conviction and/or record of physical violence will generally be disqualified from employment; however, AOBB, INC. will consider all circumstances and rehabilitation a person has gone through before making a determination prior to hire.

AOBB, INC. acting in good faith, complies with this policy is not liable for the failure of the agency to employ an applicant on the basis of information provided in the criminal history record check of the applicant.

Applicant Signature

Date