



**HAGERSTOWN COMMUNITY COLLEGE Certified
Nursing Assistant / Geriatric Nursing Assistant Student
Information Sheet**

Please print the requested information below. Thank you.

Date: _____ Semester applying for: _____

Student's Name: _____

Student's Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Emergency Contact (Name & Phone Number): _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number: _____

Do you have a Latex allergy? _____

HAGERSTOWN COMMUNITY COLLEGE

11400 Robinwood Drive
Hagerstown, MD 21742-6590
(240) 500-2000

**NURSING DIVISION
CNA/GNA Program
Health Form**

This report is confidential. It must be returned to Brenda Burk, Coordinator of the CNA/GNA Program. **Students are responsible for the accuracy of this information. Omitted or inaccurate information will be considered a violation of the HCC Honor Code and can result in a student's dismissal from the program.**

Name _____ Age _____

Address _____

Date of Examination: _____

The applicant has been examined and found to be in good general health.

Yes ___ No ___

The applicant is fit to participate in clinical activities of a student in an allied health care program.

Yes ___ No ___

To the best of my knowledge, the applicant is not presently harboring any infectious diseases.

Yes ___ No ___

Allergies (please list) _____

Chronic conditions (please list) _____

THE FOLLOWING TESTS ARE REQUIRED:

CHILDHOOD IMMUNIZATION RECORDS REQUIRED

PPD (detailed instructions are located on the back of this page) **IMMUNIZATION RECORD/IMMUNIZATION TITERS**
PANEL 10 Urine Drug Screen (details on back of this page).

THE FOLLOWING IMMUNIZATIONS ARE RECOMMENDED (PLEASE INDICATE DATES ADMINISTERED):

Hepatitis B (series of 3-indicate all dates or attach signed waiver)			

FLU VACCINE Maker/Lot# _____
In Season Expiration: _____
Date Given: _____ Where Given: _____
Given By: _____

I certify that I am a primary health care provider legally qualified to practice in the State of _____ . I have examined the above applicant and find that the applicant is neither mentally nor physically disqualified by reason of any chronic or acute condition.

Health Care Provider's Signature _____ Date _____

Address _____

Health Care Provider's Name Printed or Stamp: _____ Provider # _____

Required TST (Tuberculin Skin Test) 2-Step Mantoux Required (PPD)	Step 1 Date	Step 1 Induration mm	Read by - Signature/Initials
	Step 2 Date	Step 2 Induration mm	Read by - Signature/Initials
Individuals with a previous positive PPD Must provide date of last PPD and a copy of chest x-ray report within the last six months OR official documentation of a history of tuberculosis and completion of treatment.	Last PPD Test Date	Last PPD Test Result mm	<input type="checkbox"/> Chest x-ray report attached <input type="checkbox"/> Documentation of disease history and completion of treatment attached

- **A two-step tuberculin skin test (TST) test.** Documentation of the two-step TST. This test involves placement of a purified protein derivative (PPD) to test for tuberculosis. It must be read 48-72 hours after placement, and the area of indurations recorded. HCC requires a **second PPD test to be performed two weeks after the first test**. This two-step TST needs to be done once.
- **Annual Tuberculin Skin Test.** Annual TST's are required each year you are in your program.
- **Chest x-ray if you have had a positive TST.** If you have had a positive TST, your documentation must include the results of your follow-up chest x-ray. Once this documentation is submitted, yearly TST is not required.
- **Individuals with a previously positive PPD.** If an individual has a previously positive tuberculin skin test, the test date and result must be recorded on the health form. A copy of a report for a chest x-ray completed within the past 6 months must also be attached. In lieu of the chest x-ray, official documentation of a history of tuberculosis disease and completion of treatment must be identified.

****Effective May 2015-**

HEALTH CARE PROVIDER PLEASE NOTE- PANEL 10 URINE DRUG SCREEN WILL BE REQUIRED AS PART OF THE HEALTH FORM REQUIREMENTS

All students in the nursing assistant /geriatric nursing assistant program are required to submit to a drug screen prior to the clinical rotation experience. Drug screen results are disclosed to clinical facilities as required. A random drug screen may also be requested at any time during the clinical if the facility or college has reasonable cause to suspect that a student is impaired and poses a safety concern to patients or others.

If a student is denied access by an assigned clinical site because of drug screen results, and as such, cannot meet program requirements, the student will be dismissed from the program.



**Hagerstown Community College
Agreement/Waiver for Hepatitis Vaccination**

Please discuss the Hepatitis vaccination with your physician if you have not had the vaccine.

Students are responsible for the accuracy of this information. Omitted or inaccurate information will be considered a violation of the HCC Honor Code and can result in the student's dismissal from the program.

Please read below and sign only 1 option accordingly.

1. I, _____, have spoken with my physician, _____, and I have decided, with his/her recommendation, to proceed with a hepatitis vaccination. I understand that this includes three separate inoculations and follow-up blood testing for positive antibodies.

2. I have already received this inoculation and have completed the series as of _____(Date).

3. I, _____, have spoken with my physician, _____, and have decided with his/her recommendation to waive inoculation of the hepatitis vaccination.

Please read below and sign all.

I, _____, further release Hagerstown Community College of all legal and medical obligations in relation to vaccination for hepatitis.

I, _____, release Hagerstown Community College of any future complications that may result from the hepatitis vaccination.

Student Print Name: _____

Today's Date

Faculty Signature



Hagerstown Community College
11400 Robinwood Drive
Hagerstown, MD 21742-6590
240-500-2000 • Voice TDD
www.hagerstowncc.edu

Hagerstown Community College
CNA/GNA

Medical Expense Waiver

Students entering health programs need to be aware that the clinical nature of the training may expose them to infectious diseases or processes and their inherent risks.

Therefore, students enrolled in training programs that involve clinical/practicum experiences are expected to have their own personal health insurance.

Hagerstown Community College and the clinical agency are not responsible for medical expenses related to injury incurred during training programs.

I, the undersigned, understand the above and agree to be responsible for any medical expenses incurred during training at Hagerstown Community College or at clinical/practicum sites.

Print Name: _____

Signature: _____

Program: _____

Date: _____

**Hagerstown Community College
Nursing Division
Certified Nursing Assistant/Geriatric Nursing Assistant Program**

Technical Standards

In an effort to assist all individuals in making career decisions, the Nursing faculty has prepared the following standards and skill requirements which students are expected to possess and demonstrate.

Reasonable accommodations for students with disability-related needs will be determined on an individual basis taking into consideration the standards and essential skills which must be performed to meet the program objectives. Decisions regarding reasonable accommodations will be directed toward maximizing the student's independence while maintaining personal and client dignity and safety.

General Abilities: The student is expected to possess functional use of the senses of vision, touch, hearing, and smell so that data received by the senses may be integrated, analyzed, and synthesized in a consistent and accurate manner. A student must also possess the ability to perceive pain, pressure, temperature, position, vibration, and movement that are important to the student's ability to gather significant information needed to effectively evaluate patients. A student must be able to respond promptly to urgent situations that may occur during clinical training activities and must not hinder the ability of other members of the health care team to provide prompt treatment and care to patients.

Observational Ability: The student must have sufficient capacity to make accurate visual observations and interpret them in the context of patient care activities. In addition, the student must be able to document these observations and maintain accurate records.

Communication Ability: The student must communicate effectively both verbally and non-verbally to elicit information and to translate that information to others. Each student must have the ability to read, write, comprehend and clearly speak the English language to facilitate communication with patients, their family members, and other professionals in health care settings. In addition, the student must be able to maintain accurate patient records, present information in a professional, logical manner and provide patient counseling and instruction to effectively care for patients and their families. The student must communicate effectively verbally and in writing with instructors and other students in the classroom setting as well.

Motor Ability: The student must be able to perform gross and fine motor movements with sufficient coordination needed to perform safe patient care and assist patients with activities of daily living. A student must develop the psychomotor skills reasonably needed to perform or assist with procedures, treatments, operate personal care equipment and maneuvers to assist with patient care activities such as lifting, wheel chair guidance, and mobility. The student must have sufficient levels of neuromuscular control and eye-to-hand coordination as well as possess the physical and mental stamina to meet the demands associated with extended periods of sitting, standing, moving, and physical exertion required for satisfactory and safe performance in the clinical and classroom settings including performing CPR if necessary. The student must possess the ability of manual visual dexterity and the strength to manipulate vital signs equipment, oxygen tanks and equipment.

Intellectual, Conceptual, and Quantitative Abilities: The student must be able to develop and refine problem-solving skills that are crucial to practice as a nursing assistant. Problem solving involves the abilities to measure, calculate, reason, analyze, and synthesize objective and subjective data, and to make decisions, often in a time urgent environment, that reflect consistent and thoughtful deliberation and sound clinical judgment. Each student must demonstrate skill competence and possess the ability to incorporate new information from peers, teachers, patients, patient family members, and facility staff to formulate sound judgment in patient observation, intervention, and evaluation while working towards established patient goals. Each student must possess the ability to recognize pertinent patient information to report either written or verbally to the nurses in a timely manner. Arithmetic competence that would allow the student to read and understand columns and/or writing, tell time, use measuring tools, and add, subtract, multiply, and divide.

Behavioral and Social Attributes: Compassion, integrity, motivation, effective interpersonal skills, and concern for others are personal attributes required of those in the nursing programs. Personal comfort and acceptance of the role of a nursing assistant functioning under supervision of a clinical instructor or preceptor is essential for a nursing assistant student. The student must possess the skills required for full utilization of the student's intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities in the classroom and clinical settings; and the development of mature, sensitive, and effective relationships with patients and other members of the health care team. Each student must be able to exercise stable, sound judgment and to complete patient care and interventional activities. The ability to establish rapport and maintain sensitive, interpersonal relationships with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds is critical for practice as a nursing assistant. The student must be able to adapt to changing environments; display flexibility; accept and integrate constructive criticism given in the classroom and clinical settings; effectively interact in the clinical setting with other members of the healthcare team; and learn to function cooperatively and efficiently in the face of uncertainties inherent in clinical practice.

Examinations: Certain courses in the nursing assistant program require students to take timed and/or online examinations. Students may be required to take timed, online and/or other types of examinations in a proctored, secure setting that is acceptable to the program.

Ability to Manage Stressful Situations: The student must be able to adapt to and function effectively to stressful situations in both the classroom and clinical settings, including emergency situations. Students will encounter multiple stressors while in the nursing assistant program. These stressors may be (but are not limited to) personal, patient care/family, faculty/peer, and or program related.

In accordance with law and Hagerstown Community College (HCC) policy, no qualified individual with a disability shall, on the basis of that disability, be excluded from participation in HCC programs or activities. HCC will provide reasonable accommodation to a qualified individual with a disability. To obtain accommodations, individuals must request them from Disability Services that can be contacted at 240-500-2800

NOTE: The health care environment contains substantial amounts of latex. Applicants with latex allergies place themselves at risk of reaction. The Nursing Division does not recommend that individuals with a latex allergy pursue a career in health care.

I have read and understand the Technical Standards for Hagerstown Community College Nursing Division.

Print Name: _____

Applicant Signature _____

Date _____

Adapted from Drexel University Nursing Program.



Dear Nursing Assistant Students:

As you are probably aware, health care workers are at considerable risk of being exposed to infectious diseases and illnesses. We encourage you to read the following paperwork completely and discuss the need for vaccinations with your physician.

In order for our students to protect themselves, we advise that you receive the hepatitis vaccination. Please discuss your risk and this important preventative measure with your medical doctor and proceed as you decide.

In addition, please complete the enclosed required medical forms. All medical forms are due at orientation. **We cannot allow any students to begin without the items completed correctly.**

Your prompt attention to these details will facilitate the completion of your entrance requirements for the nursing assistant program. We encourage your good health.

Sincerely,

Brenda Burk, RN, BSN
CNA/GNA/CMA Program Coordinator
(240) 500-2218
bkburk@hagerstowncc.edu



NOTICE AND ACKNOWLEDGMENT
IMPORTANT— PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

Hagerstown Community College ("the Company" or "Employer") may obtain information about you from a consumer reporting agency for employment purposes. 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 employers and/or associates. 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 Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. 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 and a Summary of Your Rights Under the Fair Credit Reporting Act. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from EBI all manner of consumer reports and investigative consumer reports now and, if you are hired, 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.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE 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" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, 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 (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, drug and alcohol testing results) requested by EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: 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 if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

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 "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"), 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 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 Employment Background Investigations, Inc., P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. The source of any credit report will be TransUnion P.O. Box 1000, Chester, PA 19022, 1-800-888-4213.

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 mailings 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 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.

TO BE COMPLETED BY APPLICANT

The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only.
 Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Last Name																	
First Name					Middle Name												
Other Last Names Used																	
Current Address													Apt.				
City													St.	Zip			
Date of Birth (mm/dd/yyyy)						Social Security No.											
Driver's License No.																	
Other States and Counties I Have Lived	State	County			Zip Code	Frm (Yr)	To (Yr)	State	County			Zip Code	Frm (Yr)	To (Yr)			
	1							3									
2								4									

Applicant Signature: _____ Date: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130 -A 600 Pennsylvania Ave. N.W., Washington, D. C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit

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:	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 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 & 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 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or 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



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New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE 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" at any time after receipt of this authorization and, if I am hired, throughout my employment.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. []

California applicants or employees only: 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 if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. []

TO BE COMPLETED BY APPLICANT
The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only.
Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Form with fields for Last Name, First Name, Middle Name, Other Last Names Used, Current Address, City, Date of Birth, Social Security No., Driver's License No., and Other States and Counties I Have Lived.

Applicant Signature of Notice and Acknowledgement: Date:

Applicants under 18 years of age must have a parent or court appointed guardian sign this Notice and Acknowledgement

Parent/Guardian Signature Date Parent/Guardian Name

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- 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 mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

Checkboxes for various background checks: Criminal Records (State/County), National Wants & Warrants, USMA Retail Theft Database, SSN Trace/PASST Report, Employment Verifications (app. required), Professional Licenses, Federal Criminal Records, Sex Offenders' Registry, CDLIS, Employment Credit Report, Do NOT contact current employer, Other, National Criminal Records Database (CHIPS!), Prison Inmate Search, MVR/Driving Record, Workers' Comp, Educational Verification (app. required).

EMPLOYER SIGNATURE: FAX THE COMPLETED FORM TO EBI (410) 486-0731

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130 -A 600 Pennsylvania Ave. N.W., Washington, D. C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit for an explanation of dispute procedures.
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- **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.ftc.gov/credit
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit

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:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after 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 & 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 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or 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