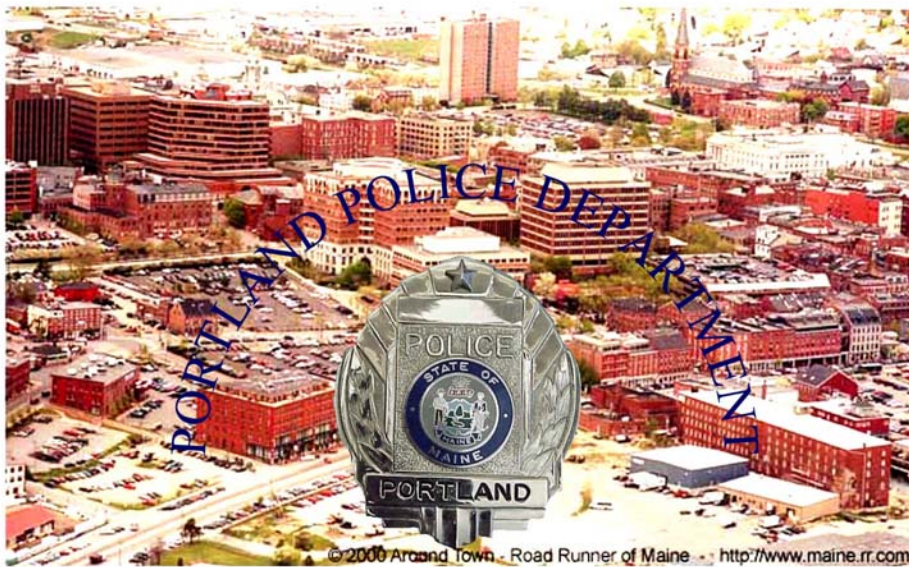


Portland Police Department

Employment Background Information

And

Personal History Questionnaire



The City of Portland is an Equal Employment Opportunity employer and has made every reasonable effort to ensure that the process of applying for employment with the City of Portland complies with all State and Federal laws concerning discrimination based on race, color, sex, physical or mental disability, religion, age, ancestry or national origin.

The Portland Police Department is located at 109 Middle Street Portland ME 04101. 874-8588 is the number for personnel and the web site is www.portland-police.com

Name of applicant: _____ **Date:** _____

Directions for completing the Employment Background Booklet

1. Read and sign the waiver that immediately follows this page.
2. When completing the Background Booklet please **print clearly** and use black ink only. Make sure to include all contact information for persons (work #'s, cellular #'s, etc)
3. Please complete and sign the set of releases at the end of the Background Booklet. **Do not mail any release forms to the third parties.** Return them along with the Background Booklet to the Portland Police Department.
4. If there is not enough space to answer a specific question, provide as much information as space permits than continue your response on individual sheets of paper. Include the number of the question and maintain the same format as in the Background Booklet.
5. If a question doesn't not apply to you please write or check N/A (Not applicable)
6. Make sure to include copies of all requested and required documents. Checklist:

____ Last 3 years tax returns including all W-2 forms (Note: The Department is looking for complete tax returns. If you need tax information from the IRS or need to request a copy, please your local IRS office. For Maine residents, contact the South Portland, Maine office (207) 879-4683

____ Birth certificate

____ High School diploma

____ College transcripts

____ Police Academy certificates (If applicable)

____ Military discharge papers and DD214

____ Drivers license and proof of insurance

____ Professional or occupational licenses, permits or certificates

7. Please sign the Background Booklet and the autobiography
8. Make sure all time periods requested in your background are accounted for.

The Portland Police Department will use the Background Booklet as an investigation aid. Employers and individuals that have become acquainted with you by reason of your residing in different locations and different jobs are often helpful in providing useful information for the background investigation. Persons who know you will be asked to comment on your suitability for employment.

Please respond openly when filling out the Background Booklet. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the position being sought.

All statements are subject to verification by both an investigation and polygraph examination. (The polygraph exam applies to Police Officer and Telecommunicator candidates only.)

Call the **Personnel Office** at **207-874-8588** when you have completed the Background Booklet and/or if you have any questions.

NOTE: Certain questions in this booklet are intended only for Police Officer or Telecommunicator Candidates. All other candidates may skip the designated questions only.

SECTION 1: Waiver

As an applicant for employment as a police officer, you are being asked to provide information about yourself that will be used in evaluating your qualifications and suitability for a position with the Portland Police Department.

Attached are several documents that require your signature and/or personal information about you. You are being asked to sign these documents and complete the information requested in order to permit the Portland Police Department to fully consider your employment with the Portland Police Department. You are not legally required to supply any of the data requested or to sign any release and authorizations forms. However, the information is being requested of you for the purposes outlined above. If you cannot provide that information, the Portland Police Department will be unable to adequately determine your suitability for employment that will, in turn, reduce the chance you may have for consideration as a police officer.

The information that you are being asked to provide is personal in nature. Some is classified as public data and the remaining information is classified as private. The following information is an example of personal data which can be defined as public: your name, value and nature of employer paid fringe benefits, job title, job description, education and employment, work location, work telephone number, honors and awards received, city and county of residence and information on the internet, including social network site, etc. Public data is available to any person upon request. The remaining data that you provide would generally be considered private information that you would be entitled to have access to. A third party is entitled access to such data only with your consent, pursuant to a court order or statutory provision.

The authorizations for information that you sign and the data you provide may be conveyed to third parties. Considering that they reveal private information, they will be disclosed only to the extent that is necessary to complete this background investigation.

I have read and understand the above

Signature of applicant

Print name

Date

SECTION 2: Personal Information

The following information is requested of you for verification and contact purposes. The Portland Police Department acknowledges that the requested information is sensitive in nature but it is necessary to perform the various criminal records and background checks. The information furnished cannot be used to discriminate against you per **Title 5 M.R.S.A. Subsection 4551.**

What is your full name?

Last	First	Middle
------	-------	--------

Give any other names you have used or been known by. (If none write N/A)

Date of birth: _____ Gender: Male ___ Female ___ Race _____
Height _____ Weight _____ Hair color _____ Eye color _____

(This demographic information is used as part of our background process. This information is not used as part of the hiring process.)

Scars, marks, tattoos or other distinguishing marks?

Visible tattoos, branding, body art or body markings below the elbow or on the legs may not be visible and must be covered while sworn employees are on-duty.

Tattoos, branding, body markings or body art on the face, neck or hands are prohibited for all personnel.

Social Security Number: _____

In accordance with the privacy act of 1974, disclosure of this information is voluntary. The Social Security Number will be used for identification purposes to ensure proper records are obtained.

In chronological order, state each and every place in which you have resided during the past ten years, beginning with your present address. Include school and the military. (List no information prior to your 15th birthday)

From and To: (Month & Year)	Rent/Own (If a rent, landlord Name & contact #)	Street Address, Apt. #, City State, Zip Code

SECTION 4: Citizenship

Each candidate for original appointment to the Portland Police Department shall be a citizen of the United States of America.

Are you a citizen? (Please include birth certificate or other documentation)

Yes No

List the names of your spouse, father, mother (include maiden name), sisters, brothers, and any children not residing with you.

Relationship	Name & DOB	Address & Contact #'s	Occupation
Spouse			
Father			
Mother			

List the names of three friends and/or associates. Do not include former employers, teachers or relatives.

Relationship	Name & DOB	Address & Contact #'s	Occupation

List any police officers personally known to you and the departments for which they work.

Officer Name & Rank	Department Name and Contact #'s

SECTION 6: Education

List earliest dates first of all schools & colleges you have attended (Type I release)

Name, Address & Contact #'s	From & To	Last Grade/ Term	Diploma or Degree	GPA and Credit Hrs.

FOR POLICE OFFICER CANDIATES ONLY (Academy Questions):

Have you successfully completed the Maine Criminal Justice Academy? Yes No

Class #

Date of Graduation

Have you successfully completed any other Law Enforcement Academy? Yes No

Academy Name

Contact #

List all licenses, special skills, or special machinery (ie. Intoxilyzer, Radar, Office Equipment, etc.) operating skills you possess.

License/Skill/Machinery	Date of License	License Issued By

Have you ever been expelled or suspended from any school, or disciplined by any school official?

Yes No If yes, give details:

List any foreign language in which you have skills and state your proficiency in the skills listed using Fair, Average, Excellent.

Language	Understanding	Reading	Writing	Speaking

SECTION 7: Military and Selective Service

If you are a male and were born after 1960, have you registered with the Selective Service?

Yes No If yes, Selective Service Number and date _____

If no, explain: _____

Have you ever served in a military organization of the United States, including ROTC?

Yes No If yes, branch of service _____

Unit or Ship _____ Service # _____

Highest Rank _____ Dates of Service _____

List all medals and decorations awarded: _____

Give period(s) of active service including drafts, enlistments and recalls of service.

Type	From	To

What is your discharge(s) or separation(s) from the Service?

Honorable General Honorable Conditions Dishonorable Medical

If other, explain: _____

Has your discharge or separation notice ever been changed or corrected? Yes No

If yes, explain: _____

Have you ever been the subject of a court martial, trial, or investigation, or have you ever been the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

Yes No If yes, provide details:

Date	Investigative Agency	Charges	Disposition

Are you now, or were you ever, an active or inactive member of the Reserve Forces of the United States, any foreign government, or the National Guard?

Yes No Are you currently Active Inactive

Provide the following if you are an active or inactive member of the Reserve Forces of the United States, any foreign government, or National Guard?

Branch _____ Regiment _____ Unit _____

Rank _____ Address _____

Dates from and to _____

Commander and contact #'s _____

SECTION 8: Employment History

Present Employer: _____

Address: _____

Phone #: _____

Date of hire: _____

Job duties and description: _____

Can your current employer be contacted prior to a job offer? Yes No

If no, explain: _____

If you checked no, please understand that your employer will be contacted should the Portland Police Department make a conditional job offer. Any negative report will be considered in continuing your employment.

Are you now engaged in any business as an owner, active or silent, partner, stockholder, corporate officer or director?

Yes No If yes, give the name of the business and involvement.

Were you ever discharged, terminated, fired or forced to resign from any employment?

Yes No

Employer	Date	Explain Circumstance

Were you ever subjected to disciplinary action in connection with any employment?

Yes No

Employer	Date	Explain Circumstance

Have you ever possessed a professional or occupational license, permit or certificate? (Include copies)

Yes No If yes, give details:

List any professional and/or social organizations of which you are a member or have applied to for membership:

Status (Member, applying)	Organization	Address & Contact #'s	Dates of Membership

QUESTIONS 8.9, 8.10 AND 8.11 ARE POLICE OFFICER AND TELECOMMUNICATOR CANDIDATES ONLY.

List any law enforcement agency to which you have applied for employment including the Portland Police Dept. Please be sure to include those departments that did not hire you (omit none)

Date	Police Department name, address and contact #'s	Present Status

Have you ever submitted to a pre-employment polygraph exam? Yes No

Date	Police Department name, address and contact #	Result

Have you ever been turned down for employment by a law enforcement agency: Yes No

Date	Police Department name, address and contact #	Reason Why

SECTION 9: Financial History

What is your present hourly/weekly salary? _____

Do you have any other source of income other than your principal occupation? Yes No

If yes, provide details to include source and amount of income:

List any real estate (land, houses, buildings, condominiums, etc.) where you have an ownership interest as a principal, or as either the trustee or beneficiary of a real estate trust.

Address	Value	Loan Amount	Monthly Payment

List all checking, savings, money market accounts with any bank or institution in your name. Be prepared to produce documentation.

Institution name, address & contact #'s	Balance

Have you ever defaulted on a student loan? Yes No

If yes, explain:

Within the past eight (8) years, have you personally or a company in which you had more than ten percent ownership, filed for bankruptcy protections, been subjected to a tax lien or had a judgment rendered against you/company for debt?

Yes No

If yes, on a separate sheet of paper, supply the date, the type of action (lien/bankruptcy judgment, etc), the name of the business if applicable, the court involved and the docket number.

Please list all real estate (land, houses, buildings, condominiums, etc) where you have an ownership as a principal trustee or beneficiary.

Property Address	Type of Property	Interest (owner, beneficiary, etc)

Have you ever had your wages garnished for any reason (non-payment of child support, IRS, etc)?

Yes No

Have you included copies of the last three years of your Federal and State income tax returns including W-2 forms?

Yes No If no, explain:

SECTION 10: Litigation

Have you or your spouse ever been a party to a civil action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action proceeding?

Yes No If yes, explain:

Date	Court address & Contact #	Docket #	Action/ Proceeding	As a plaintiff, defendant, petitioner, etc.	Court Disposition

To the best of your knowledge, are there any civil action(s) pending against you? Yes No

Within the past seven years, have you ever filed an insurance claim (for example theft, damaged or destroyed property, accident, etc) excluding personal injury or medical claims?

Yes No

Within the past seven years, have there been any civil actions commenced against you?

Yes No

Have you ever been named as a defendant in a criminal proceeding?

Yes No If yes, explain:

Date	Location	Docket #	Agency bringing charges, Offense and offense #	Court Disposition

Have you ever been the subject of a criminal investigation by any law enforcement agency? This includes any arrests not resulting in criminal charges, detentions, missing person reports and any criminal charges that were expunged. (Include police and court records if available)

Yes No If yes, explain:

Date	Crime	Agency and contact information	Outcome

SECTION 11: Drivers license and Motor vehicle history

List all current and past drivers' licenses held by you in Maine or other location.

Date	License #	Type of License	Permission, Restrictions & Expiration Date

Has your right to register a motor vehicle ever been suspended? Yes No

If yes, explain: _____

Has your drivers license or other vehicles operator's license ever been revoked or suspended?

Yes No If yes, explain

If your license has ever been revoked or suspended, was it restored? Yes No

Have you ever received a summons, citation or other traffic ticket for violation of the traffic laws of this or any other state or country? (This does not include parking violations.)

Yes No If yes, explain:

Date	Age	Offense	Location	Agency	Outcome

Have you ever been involved in a motor vehicle accident? Yes No

If yes, explain:

Date	Location	Investigating Agency	Operator/ Passenger	Details of Accident

Have you ever been in a motor vehicle accident and not reported it to a law enforcement Agency? Yes No If yes, explain

List all motor vehicles listed in your name or in joint ownership, or which you drive on a regular basis.

State & Plate #	VIN	Year, Model & Make	Owner

Do you have auto insurance? Yes No If yes, provide company name, policy number and attach a copy of your insurance card.

Has your auto insurance ever been revoked or refused? Yes No If yes, explain

SECTION 12: Concealed Firearms

Are you prohibited from possessing a firearm? Yes No

If yes, were you denied because of the following:

- A. previous criminal history
- B. previous mental health history (Involuntary or court ordered commitment to a mental health facility)
- C. crime of domestic violence or court order protection from abuse.

Do you have any current or previous permits to carry concealed firearms by any issuing authority?
Yes No If yes, explain

Dates From & To	Permit #	Issuing State & Authority

Have you ever been refused a concealed weapons permit by any issuing authority?
Yes No If yes, explain

Has your concealed weapons permit ever been revoked or suspended by any issuing authority?

Yes No If yes, explain

SECTION 13: Personal History

Do you know of anyone who may harm you in any way? Yes No If yes, explain

Have you ever:

A. been involved in a fight while drinking? Yes No

B. been involved in an accident while drinking? Yes No

C. been taken into protective custody? Yes No

If you answered “yes” to any question, explain the incident(s) on a separate sheet of paper. Be sure to number your response to match the number and page of the particular question.

Have you ever sold, used, tried, possessed or experimented with any illegal drug? (marijuana, cocaine, heroin, mushrooms, ecstasy, LSD, etc.)

Yes No If yes, state what drugs, # of times used, and date of last use.

Have you ever misused any prescription drug or taken prescription drugs not prescribed to you?

Yes No If yes, state what drugs, # of times used, and date of last use.

SECTION 14: Gaming/Gambling

Have you ever gambled or made a wager? Yes No

If yes, answer ALL the following questions:

A. What types of gambling have you participated in? (Check all that apply)

- 1. Horse/Dog Track
- 2. Lottery
- 3. Professional or College Sports
- 4. Casino Games
- 5. Card Games

B. How much do you spend on gambling per year? Amount \$ _____

C. What is the largest sum of money you have won while gambling?
Amount \$ _____

D. What is the largest sum of money you have lost while gambling?
Amount \$ _____

E. Have you ever borrowed money to cover a gambling debt? Yes No
If yes, When? _____ Amount \$ _____

F. How many times do you gamble per year?
1-5 6-10 More than 30 More than 50

G. Have you ever withdrawn money from an ATM machine to pay a gambling debt?

Yes No

If yes, When? _____ Amount \$ _____

Have you ever committed any crime in which you could have been arrested for (i.e. theft, arson, burglary, selling drugs, OUI, engaging a prostitute, illegal sexual acts, etc)

Yes No If yes, explain

Do you have any issues or problems in dealing with people of different races, color, sex, physical or mental disability, religion, age, ancestry or national origin?

Yes ___ No ___ If yes, explain

Is there anything that has not been covered in this background booklet that, if publicly revealed, would bring embarrassment to you or the Portland Police Department?

Yes No

I, _____, certify that all the statements
Print Name

made by me in this application are true, complete and correct, to the best of my knowledge and belief and are made in good faith. I understand that any false information or omissions of information from this application may be cause for rejection or dismissal if employed by the Portland Police Department.

Signature: _____

Date: _____

Autobiography

The autobiography may be as long or as short as you would like. The intention of the autobiography is to allow the Department pertinent personal information about the candidate.

RELEASE TYPE I

General Authorization and Release

To: _____

I, _____, hereby authorize and grant my informed consent to permit you, to release to, and make available to the Portland Police Department and/or its agents and/or representatives, information classified as private which concerns me and which may be in your possession. The information for which release is authorized includes all data, which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Portland Police Department to have access to this information is to determine my suitability for employment with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

I hereby release you, or your organization, or others from liability or damage that may result from furnishing the information requested.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing the below written notice to the department and to you for that fact. (A photocopy of this authorization will be treated in the same manner as the original.)

Signature Date

Witness Date

NOTICE OF REVOCATION

I hereby provide **Notice of Revocation** of the above authorization and release as of _____ (Dated). I understand that the City of Portland Police Department has ten (10) business days after receipt of my Notice of Revocation to comply.

Signature (do not sign here except for purpose of revocation) Date

RELEASE TYPE II

General and special authorization to release medical and other information in accordance with the provisions of the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255); the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974. (P.L. 93-282); and Veterans Omnibus Health Care Act of 1976 (P.L. 94-581). All information will be treated as confidential under Federal Regulation (42 CFR, Part 2).

Medical Facility

Name: _____

Address: _____

Date of Birth: _____ Social Security # _____

This is your full and sufficient authorization to release to the Portland Police Department and its representatives or employees, all medical information, (including but not limited to, that which involves treatment for alcohol or drug abuse, sickle cell anemia, or mental problems) maintained while I was a patient at your facility on any d ate, with the following exceptions: **NONE**

The information is needed for the purpose of consideration of my suitability for employment as a police officer.

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization during the pendency of this investigation. **I do not authorize re-release of this information by the third party.** (A photocopy of this authorization will be treated in the same manner as the original.)

I do hereby release the _____ from all liability and all claims
(Medical Facility)

pertaining to the disclosure of this information. I further acknowledge the information to be released and the implications thereof were fully explained to me. This consent is given of my own free will.

Signature of Patient

Date

Witness

Date

CBC EMPLOYMENT SCREENING SERVICES

Toledo Office/ Operation Center

5555 Airport Highway, Suite 205 ♦ Toledo, OH 43615

419/861-7555 ♦ FAX 419/861-7565 ♦ 1/800/772-0130 ♦ FAX 1/800/772-0440

REPORT REQUEST

PORTLAND MAINE POLICE DEPT. – USE ONLY

Date: _____ Time: _____

ESS SPECIALIST: CINDI KATAFIASZ/ TEAM 2

CUSTOMER #: 85ES81405 PERSON ORDERING REPORT:

LAST NAME: _____ FIRST: _____ MIDDLE: _____ MAIDEN: _____

CURRENT ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

PREVIOUS ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

SOCIAL SECURITY NO: _____ *MALE _____ *FEMALE: _____

DRIVER'S LICENSE NO: _____ STATE: _____ *DATE OF BIRTH: _____

APPLICANT AUTHORIZATION

Without reservation I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, and other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation and mode of living.

FCRA DISCLOSURE

This is to inform you that as part of processing your application, a consumer report may be obtained for employment purposes.

SIGNATURE: _____ TODAY'S DATE: _____

* This information is requested by CBC Employment Screening Services solely for purposes of ensuring accurate retrieval of records.

FOR EMPLOYER USE ONLY

Reports Requested: (Place checkmark next to report(s) requested and fill in appropriate information)

Credit Report

Social Security Search

Motor Vehicle Report: State: _____

City: _____

License No.: _____

Report (other): _____

Available:

(Please fax a copy of the application if ordering)

Education Verification

Current Employer Verification

Previous Employer Verification

Professional License Verification

Personal Reference Check

Criminal Report, County:

State: _____

County: _____

Felony

Felony and Misdemeanor

Do you want maiden name searched? Yes No

(Maiden name search will incur additional charges)

State Criminal Report:

List State: _____

CUSTOMER CERTIFICATION

I, _____, as an authorized representative of the above-mentioned Customer do hereby certify that, in accordance with the ESS Customer Service Agreement, prior to ordering any report for employment purposes, the applicant, 1) authorized the procurement of the report(s), 2) received the FTC *Summary of Your Rights Under the Fair Credit Reporting Act, 3) received the FCRA Disclosure herein, and that 4) in the event any adverse action is to be taken which is based in whole or in part on the report(s) before taking such action, the applicant will be provided with a copy of the report(s) including a written summary of the consumer's rights under the FCRA, and 5) information from the report(s) will not be used in violation of any applicable federal or state equal opportunity law or regulation.

Signature of Customer: _____

Date: _____

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of the information in the files of every “Consumer Reporting Agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U. S. C. §1681-1681U at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state Attorney General to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit insurance or employment – must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise a CRA may charge you up to nine dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement if future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer or prospective employer,

without written consent. A CRA may not report medical information about you to creditors insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offer must include a toll free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA a user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For questions or concerns regarding:

Please contact:

CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, D. C. 20580 1-877-FTC-HELP
National Banks, Federal Branches/ Agencies of Foreign Banks (word “National” o initials “N. A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, D. C. 20219 1-800-613-6743
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, D. C. 20551 1-202-452-3693
Savings Associations and federally chartered savings banks (word “Federal” or initials “F. S. B.” appear in federal institutions name)	Office of Thrift Supervision Consumer Programs Washington, D. C. 20552 1-800-842-6929
Federal Credit Unions (words “Federal Credit Union” appear in the institutions name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314
State chartered banks that are not members of the federal reserve system	Federal Deposit Insurance Corporation Division of Compliance and Consumer Affairs Washington, D. C. 20429 1-800-934-FDIC

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

- 1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.
- 2. Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.
- 3. Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.
- 4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.
- 5. Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)
- 6. Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)
- 7. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.
- 8. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
BRANCH OF SERVICE		DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")	
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		
a. ACTIVE SERVICE							
b. RESERVE SERVICE							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?			
<input type="checkbox"/> NO <input type="checkbox"/> YES _____				<input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** _____

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

Military service member or veteran identified in Section I, above Legal guardian (must submit copy of court appointment)

Next of kin of deceased veteran _____ (relation) Other (specify) _____

2. **SEND INFORMATION/DOCUMENTS TO:**
 (Please print or type. See item 3 on accompanying instructions.)

Sgt.

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name	Portland Police Dept. 109 Middle St.	Signature of requester (Please do not print.)	()
Street	Portland, Maine 04101 Apt.	Date of this request	Daytime phone
City	State Zip Code	Email address	