JOB POSTING

To: Watermaster Sections, Shops, Tech Services, and Offices
From: Tammra Brost
Cc: Armando Lopez
Date: May 16, 2019
Subject: Job Opening – Quincy Ditchrider/Canal Maintenance #44

The position of Ditchrider/Canal Maintenance (Ride #44) is currently open in the Quincy Watermaster section. This full-time, year-round position is responsible for the timely delivery and regulation of irrigation water to water-users on an assigned route and will also perform canal maintenance tasks as assigned.

Position Qualifications:
- High school diploma, GED or comparable education required
- All positions within the District require a valid Washington State driver’s license with insurable MVR (Motor Vehicle Record), negative pre-employment drug test and extensive background investigation
- Class A CDL License with Hazardous Material & Tanker endorsement or ability to obtain such within 270 calendar days of employment. Subject to monthly FMSCA random drug testing.
- Public Pesticide License w/ Right-of-Way & Aquatic Irrigation endorsements or ability to obtain such within 270 calendar days of employment.

Position Requirements:
- Must be available to work Monday-Saturday during the water season (March – October)
- Must reside or be willing to relocate to within 12 miles of the Babcock Pumping Plant (approx. Hwy 28 & Rd T NW)

Desirable Skills & Abilities:
- Ability to develop good relationships with the public as well as co-workers
- Basic working knowledge of carpentry/construction principles, and of water systems
- Ability to operate tools and heavy equipment
- Ability to keep accurate records

Compensation: Payroll Classification Group 1 (Step 1 - $21.33 per hour)
Medical/Life Insurance, Retirement, Deferred Compensation, Paid Holidays, Annual and Sick Leave

Applications and complete job descriptions are available by contacting:

<table>
<thead>
<tr>
<th>Electronically</th>
<th>In Person</th>
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</thead>
<tbody>
<tr>
<td>QCBID Website: <a href="https://www.qcbid.org/index.php/employment">https://www.qcbid.org/index.php/employment</a></td>
<td>QCBID – Headquarters 1720 S Central Ave Quincy WA 98848</td>
</tr>
<tr>
<td>Email: <a href="mailto:humanresources@qcbid.org">humanresources@qcbid.org</a></td>
<td>QCBID – Royal Office 11522 1st Ave SE, Royal Othello WA 99344</td>
</tr>
<tr>
<td>Online Application: <a href="https://webcorp.com/apply/QCBID/">https://webcorp.com/apply/QCBID/</a></td>
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</tr>
</tbody>
</table>

QCBID is an Equal Opportunity Employer. Employment is at-will, neither this job posting, nor any other QCBID document, grants any contractual right, either expressed or implied, nor does it guarantee any fixed terms and/or conditions of employment.

CURRENT DISTRICT EMPLOYEES MAY SUBMIT AN INTERNAL TRANSFER APPLICATION

POSITION CLOSES: 4:00pm Friday, May 31, 2019
JOB DESCRIPTION

Job Title: Ditchrider/Canal Maintenance
Department: O&M
Section: Varies
Reports to: Sectional Watermaster
FLSA Status: Non-Exempt
Union: Yes
Reviewed: November 30, 2016
Supersedes: January 5, 2009

Job Summary
The position of Ditchrider/Canal Maintenance is a full-time, year-round position responsible for the timely delivery and regulation of irrigation water to water-users on an assigned route and performing canal maintenance tasks. The position may be based out of the Adco, Winchester, Quincy, George, Royal or Blythe Watermaster section. Normal working hours are Monday through Friday, 7:30am to 4:00pm. Saturday duty is required during the water season (March-October).

Essential Job Functions, Duties & Responsibilities
To perform the job successfully each essential function of the job must be performed satisfactorily. The following essential functions are activities that, if not performed, would significantly and fundamentally alter the position.

- Deliver and regulate irrigation water within tolerances allowed
- Visit each running turnout daily during irrigation season; maintain a time schedule for water users
- Receive daily water orders and maintain legible and accurate ditchride books
- Perform daily maintenance work on assigned ride during water season including but not limited to:
  - Keep ditch ride pickup clean and all flammables secured
  - Pull, tie and replace checkboards as needed
  - Maintain all locks and chains on ditch ride
  - Burn and/or remove debris on racks, walkways and on ditch rides
  - Replace, shovel and/or clean flower and divider boxes
  - Replace bent or bad weir blades
  - Replace and/or repair O & M Signs as needed
  - Shovel out and/or repair turnouts as needed
  - Paint re-lift pumps, pumping plants, railings, etc.
  - Communicate problems and concerns on ride to supervisor on a daily basis
  - Fix or replace staff gauges, walk decks, weed racks, weed fences (catch basins)
  - Control weeds using burning, spraying and sterilization on ditch ride and turn outs
- Perform construction building and repair work to District buildings, canal systems, structures, turnouts and/or gates as assigned
- Maintain and clean major and minor pump plants
- Perform concrete form building and pouring of concrete for District projects
- Operate light and heavy construction equipment upon training and as needed
- Remove debris from behind radial gates
- Compile and submit annual crop census data
- Maintain a communicative working relationship with supervisors, co-workers & farmers
- Maintain attendance
- Perform related duties and responsibilities as required
- Secondary function: other duties as assigned
Supervisory Responsibilities
None

Job Specifications
The following job specifications are representative of the knowledge, skills, abilities, education and experience required to successfully perform the duties of this position.

Education/Certifications/Licenses
- High School diploma, GED or comparable education required
- Washington State Public Pesticide Operators License with a Right-of-Way and Aquatic Irrigation endorsements, or ability to obtain within 270 calendar days of employment
- Washington State Class A Commercial Driver License (CDL) with Hazardous Material and Tanker endorsements, or ability to obtain with 270 calendar days

Experience
- General construction and maintenance experience preferred
- Irrigation background desired

Knowledge/Skills/Abilities
- Ability to operate hand tools and heavy equipment required
- Ability to maintain assigned ditchride and schedule; keep accurate, legible records required
- Basic knowledge of smartphone operation required

Other
- Strong interpersonal skills and the ability to work effectively with a wide range of constituencies
- Must display a positive, courteous, respectful and tactful manner with supervisor, public and co-workers; promote teamwork
- Effective oral communication skills
- Self-motivated; ability to start and complete projects and tasks with minimal supervision
- Ability to cope well under pressure
- Must promote and follow all District safety policies
- Use strong reasoning skills and take responsibility for self in work environment
- Must pass extensive background investigation, including criminal history and pre-employment drug screen prior to any final offer of employment
- Subject to FMSCA random drug testing
- Must work Monday – Saturday during the water season (March-October)
- As applicable, must meet living requirements of the position or be willing to relocate

Working Conditions
This position will expose the worker to environmental conditions found both indoors in an office setting, and outdoors.
- Will frequently be exposed to extreme temperature, weather and environmental conditions
- May frequently be exposed to hazards such as water, rotating blades, electrical current, working at heights, etc.
- Will frequently be exposed to dust, dirt, fumes, vapors and other pollutants
- Will frequently be exposed to loud environments and vibration from power tools and equipment
- May frequently be exposed to or in proximity of caustic chemicals and/or solvents
- May occasionally be exposed to heights, darkened, cramped and/or confined spaces
- Will frequently be exposed to inherent hazards such as slipping, tripping, falling, vehicle accidents, etc.
Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Must be able to sit, stand, walk, bend/stoop, twist, reach talk and hear frequently and for long periods
- Must be able to crouch, kneel and crawl frequently
- Must be able to lift and move up to 50 lbs. frequently and up to 100 lbs. occasionally
- Must be able to grip, grasp, and handle objects frequently
- Must have manual dexterity to operate a motor vehicle, various tools, equipment and machinery
- Must be able to communicate clearly, both orally and in writing
- Must be able to navigate over and through a multitude of surfaces (i.e.: cement surfaces, dirt, gravel, grass, steep banks, etc.)
- Must be able to drive in all weather conditions

Compensation

Wage: Group 1, Collective Bargaining Agreement Appendix A

Benefits:

- Medical/Dental Insurance, including Vision and Prescription Drug coverage, with choice of
  - Preferred Provider Plan (PPO), or
  - High Deductible Healthcare Plan (HDHP) with Health Savings Account (HSA)
- District paid basic life/AD&D insurance and long-term disability insurance
  - Voluntary life, AD&D and short-term disability insurance available
- Annual Leave (after 270 days) and Sick Leave (after 90 days)
- Paid Holidays (after 30 days)
- Washington State Public Employees Retirement System (PERS)
- Washington State Deferred Compensation Program match

Quincy-Columbia Basin Irrigation District is an Equal Opportunity Employer.

Neither this job description, nor any other QCBID document, grants any contractual right, either expressed or implied, to remain in the employment of the District; nor does it guarantee any fixed terms and/or conditions of employment. Employment is not for any specific time and may be terminated at will, with or without cause, and without prior notice by QCBID, or you may resign for any reason at any time.
**Quincy-Columbia Basin Irrigation District**

1720 S. Central Avenue • PO Box 188
Quincy, WA 98848
(509) 787-3591
(509) 787-3719 fax

### Application Date
- **Month**
- **Day**
- **Year**

### Position applied for
- (list specific position)

### This application is for:
- [ ] Full Time
- [ ] Temporary
- [ ] Summer

### Name
- **Last**
- **First**
- **M.I.**

### Physical Address
- Street or PO Box
- City/State
- Zip Code

### Mailing Address
- (if different than physical address)
- Street or PO Box
- City/State
- Zip Code

### Telephone
- Best Contact Number
- Message Number

### Email Address

---

### What section(s) are you willing to work in?
- [ ] ADCO
- [ ] Winchester
- [ ] Quincy
- [ ] George
- [ ] Royal
- [ ] Blythe
- [ ] Headquarters

### What hours/days are you available to work?

- When would you be available to begin work?

### Have you previously been employed by QCBID?
- [ ] YES
- [ ] NO

- (IF YES, GIVE DATES)

### Have you previously applied to QCBID?
- [ ] YES
- [ ] NO

- (IF YES, GIVE DATES)

### Are you related to any current QCBID employee(s) (spouse, parents, children, siblings, step-relatives, and in-laws)?
- [ ] YES
- [ ] NO

- If yes, indicate name of individual & relationship:

### Are you at least 18 years of age?
- [ ] YES
- [ ] NO

### Are you legally eligible to work in the United States?
- [ ] YES
- [ ] NO

- QCBID participates in E-verify.

### How did you hear about this position?
- [ ] Referral from current QCBID Employee
- [ ] Newspaper Ad
- [ ] Website/Online Job Board
- [ ] Walk-in
- [ ] Other

### Specify Source:
- (Name of newspaper, website, employee, etc.)

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### EDUCATIONAL & TRAINING RECORD

Give your complete educational history below. For any position, proof of education may be requested for employment.

<table>
<thead>
<tr>
<th>High School</th>
<th>Name of School</th>
<th>City &amp; State</th>
<th>Graduate:</th>
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<tr>
<td></td>
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<td>[ ] Yes</td>
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<tr>
<th>Vocational School</th>
<th>Name of School</th>
<th>City &amp; State</th>
<th>Graduate:</th>
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<td>[ ] Yes</td>
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<tr>
<th>Major</th>
<th>Minor</th>
<th>Certificate</th>
<th>Diploma</th>
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<td></td>
<td>[ ] Certificate</td>
<td>[ ] Diploma</td>
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<tr>
<th>College</th>
<th>Name of School</th>
<th>City &amp; State</th>
<th>Graduate:</th>
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<tr>
<th>Major</th>
<th>Minor</th>
<th>Degree(s)</th>
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<tr>
<th>Other Courses / Certifications Completed</th>
<th>Name and Addresses of School/Institute</th>
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<tr>
<th>Course and/or Certification Title</th>
<th>Certificate or Diploma:</th>
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<tr>
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<th>Certificate or Diploma:</th>
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<td>[ ] Yes</td>
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</table>
**LICENSE INFORMATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>Field</th>
<th>Number</th>
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<tbody>
<tr>
<td>Do you have a valid Washington State Driver’s License?</td>
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<td>Do you have a Commercial Driver’s License (CDL)?</td>
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<td>Do you have any Department of Motor Vehicle imposed restrictions on your</td>
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<td>driving privileges?</td>
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<tr>
<td>Do you have a Public Pesticide Operators License?</td>
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</table>

Driver’s License number:

If yes, type of endorsements:

Driver’s license expiration date:

If yes, type of endorsements:

**EMPLOYMENT RECORD**

List employment for the past **10 years or 3 employers, whichever is greater** (use additional pages if necessary). Begin with most recent and include self-employment and military service. This application must be filled out completely for employment consideration.

**WE MAY CONDUCT REFERENCE CHECKS DIRECTLY FROM INFORMATION PROVIDED IN THIS SECTION**

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Phone</th>
<th>Employment Dates</th>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Address</td>
<td></td>
<td>City</td>
<td>State</td>
<td>Zip</td>
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<td>Reason for Leaving</td>
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<thead>
<tr>
<th>Job Title</th>
<th>Immediate Supervisor</th>
<th>VOLUNTARY</th>
<th>DISCHARGED</th>
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**Primary Responsibilities**

**GAPS IN EMPLOYMENT**
Explain below any gaps in employment history

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>What were you doing during this period?</th>
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<tbody>
<tr>
<td>Month</td>
<td>Year</td>
<td>Month</td>
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**SKILLS/EXPERIENCE**

Below indicate the job skills related to this position you have acquired and equipment you can operate include amount of experience in each area. Attach an additional sheet if necessary.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Amount of Experience</th>
<th>Employer/Place skills where learned or applied</th>
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**PROFESSIONAL REFERENCES**

List three (3) work references, not friends or relatives, who are familiar with your work qualifications that may be contacted for reference.

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone Number</th>
<th>Work Relationship &amp; Company</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Telephone Number</td>
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</tr>
<tr>
<td>Name</td>
<td>Telephone Number</td>
<td>Work Relationship &amp; Company</td>
</tr>
</tbody>
</table>
JOB APPLICATION AGREEMENT

Read carefully before signing

I hereby give Quincy-Columbia Basin Irrigation District and their recruitment agent the right to make a thorough investigation of my present and/or past employment, personal background, work history, criminal record and credit history (if applicable to the position). I release from all liability all persons, companies, and corporations supplying such information. I indemnify and hold harmless Quincy-Columbia Basin Irrigation District and their recruitment agent against any liability, which might result from making such investigation. I understand that any false answer or statements on this form or on other required documents may result in denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Quincy-Columbia Basin Irrigation District and myself for any term of employment or employment benefit or procedure. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Quincy-Columbia Basin Irrigation District.

I agree that should an offer of employment be extended to me, this offer will be contingent on completing a pre-employment drug test, a physical examination (if required for the position), criminal background check and a current employer reference. I recognize that a final offer of employment is contingent upon satisfactory results of the above. I understand, also, that I am required to abide by all rules and regulations of the District, as permitted by law.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

I acknowledge that Quincy-Columbia Basin Irrigation District participates in E-Verify.

Applicant Signature __________________________ Date ____________

Applicant Name (Please Print) __________________________

Quincy-Columbia Basin Irrigation District is an Equal Opportunity Employer.
ACRA Net

Exhibit A-4
Notice for Applicant/Employee

‘Notice of Intent’ and ‘Authorization’ to Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes

The undersigned applicant/employee is hereby notified that Quincy-Columbia Basin Irrigation District may obtain an investigative consumer report for employment purposes through ACRA Net. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver’s record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested.

Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRA Net for employment purposes at this time or anytime during the applicant/employee’s tenure with employer.

I (Applicant/employee) am currently a resident of the state of California, Oklahoma or Minnesota: Yes □ No □

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion. Please provide me a copy of my credit report as indicated above.

Print Full Name: ____________________________________________________________

Maiden/Former Name/Alias (list all): __________________________________________

Current Address: ____________________________________________________________ County: __________________________

City: __________________________ State: __________ Zip: __________ Dates: __________

Previous Address: __________________________________________________________

City: __________________________ State: __________ Zip: __________ Dates: __________

Other States of Residency (last 10 years): ______________________________________

Social Security Number: __________________________ Date of Birth: _____/____/_______

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License Number: __________________________ State of Issue: ________________

□ NOTE: Check box indicates this position requires an employment credit report due to law, fiduciary responsibilities or access to cash, valuables or sensitive consumer records. Signature acknowledges acceptance of this requirement.

Signature: __________________________ Date: __________________________

NOTE: The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRA Net Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

Printed Name: _____________________________  Social Security Number: __________________________

Section 1 – complete one form for every employer during any period two years before the date of this authorization

I-A. Request From:

Quincy-Columbia Basin Irrigation District (QCBID)
ATTN: Tammra Brost, HR Programs Manager
PO Box 188
Quincy WA 98848

Business Name: _____________________________ Contact Person: _____________________________

Address: __________________________________________

City, State Zip: __________________

Phone: (509) 787-3591 Phone: _____________________________
Fax: (509) 787-3719 Fax: _____________________________

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the new employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand information to be released in Section 2-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Signature: _____________________________________________ Date: _________________________

The following section to be completed by the previous employer listed above

Section 2

2-A. In the three years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ____ NO ____
2. Did the employee have verified positive drug tests? YES ____ NO ____
3. Did the employee refuse to be tested? YES ____ NO ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ____ NO ____
5. Did a previous employer report a drug and alcohol rule violation to you? YES ____ NO ____

NOTE: If you answered “yes” to item 5, you must provide the previous employer’s report.

6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? N/A ____ YES ____ NO ____

NOTE: If you answered “yes” to item 6, please transmit return-to-duty documentation (ie, SAP report, follow-up testing record, etc.)

2-B. Printed name of person providing information in Section 2-A:

________________________________________

Title: ______________________________________

Signature: __________________________________ Date: _________________________

Thank you for your time and assistance.

Please return to QCBID Human Resources via fax (509) 787-3719 or email HumanResources@qcbid.org
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 20006.**

- **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 Bureau:

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

6. Small Business Investment Companies

7. Brokers and Dealers


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

**CONTACT:**

a. Bureau of Consumer Financial Protection
   1700 G Street NW
   Washington, DC 20006

   Washington, DC 20580
   (877) 382-4357

c. Office of the Comptroller of the Currency
   1301 McKinney Street, Suite 3450
   Houston, TX 77010-9050

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

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

3. Air carriers
   Asst. General Counsel for Aviation Enforcement & Proceedings
   Department of Transportation
   400 Seventh Street SW
   Washington, DC 20590

4. Creditors Subject to Surface Transportation Board
   Office of Proceedings, Surface Transportation Board
   Department of Transportation
   1925 K Street NW
   Washington, DC 20423

5. Creditors Subject to Packers and Stockyards Act
   Nearest Packers and Stockyards Administration area supervisor

6. Small Business Investment Companies
   Associate Deputy Administrator for Capital Access
   United States Small Business Administration
   406 Third Street, SW, 8th Floor
   Washington, DC 20416

7. Brokers and Dealers
   Securities and Exchange Commission
   100 F St NE
   Washington, DC 20549

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

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

   FTC Regional Office for region in which the creditor operates or
   Federal Trade Commission: Consumer Response Center – FCRA
   Washington, DC 20580
   (877) 382-4357
A SUMMARY OF YOUR RIGHTS UNDER THE
WASHINGTON FAIR CREDIT REPORTING ACT

The Washington Fair Credit Reporting Act, located at Chapter 19.182 RCW, substantially parallels the federal Fair Credit Reporting Act and the rights and remedies set forth in the Federal Trade Commission’s Summary of Rights, except that, effective July 22, 2007, the Washington State law imposes greater limitations on the reasons for which an employer may obtain a consumer report. Beginning July 22, 2007, an employer may not obtain a consumer report that indicates the consumer’s credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer’s reasons for using the information are disclosed in writing, or (2) the information is required by law.

For Washington Residents:

Under the Fair Credit Reporting Act (FCRA), all consumers are entitled to one free annual file disclosure in any twelve month period. You may be charged a reasonable fee, not exceeding eight dollars, for each additional disclosure within any 12-month period.

However, there is no fee if (1) you have been notified of an adverse action taken towards you based upon information appearing in your consumer file within the preceding 60 days, (2) you suspect that your file may contain fraud or you have been the victim of identity theft, or (3) you are unemployed or are currently receiving financial assistance.

A person may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to you if you are not an employee at the time the report is procured or caused to be procured unless:

- A clear and conspicuous disclosure has been made in writing to you before the report is procured or caused to be procured that a consumer report may be obtained for purposes of considering the consumer for employment. The disclosure may be contained in a written statement contained in employment application materials; or

- You authorize the procurement of the report.

A person may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any employee unless the employee has received, at any time after the person became an employee, written notice that consumer reports may be used for employment purposes. A written statement that consumer reports may be used for employment purposes that is contained in employee guidelines or manuals available to employees or included in written materials provided to employees constitutes written notice. This rule does not apply with respect to a consumer report of an employee who the employer has reasonable cause to believe has engaged in specific activity that constitutes a violation of law.

In using a consumer report for employment purposes, before taking any adverse action based in whole or part on the report, a person shall provide you:

- The name, address, and telephone number of the consumer reporting agency providing the report;

- A description of your rights under this chapter pertaining to consumer reports obtained for employment purposes; and
A reasonable opportunity to respond to any information in the report that is disputed by the consumer.

A consumer reporting agency may provide a user a consumer report in connection with a credit transaction that is not initiated by you only if you authorized the consumer reporting agency to provide the report to such a person; or you have not elected to have your name and address excluded from such transactions.

In connection with a credit transaction that is not initiated by you, a consumer reporting agency may only provide your name and address and information that is not identified or identifiable with your particular accounts or transactions.

You may elect to have your name and address excluded from any list provided by a consumer reporting agency through prescreening, or from any list provided by a consumer reporting agency for direct solicitation transactions that are not initiated by you by notifying the consumer reporting agency. The notice must be made in writing through the notification system maintained by the consumer reporting agency and must state that you do not consent to any use of consumer reports relating to you in connection with any transaction that is not initiated by you.

An election to have your information excluded is effective with respect to a consumer reporting agency and any affiliate of the consumer reporting agency, within five business days after the consumer reporting agency receives your notice.

A consumer reporting agency that provides information intended to be used in a prescreened credit transaction or direct solicitation transaction that is not initiated by you shall maintain a notification system that facilitates your ability to notify the agency to promptly withdraw your name from lists compiled for prescreened credit transactions and direct solicitation transactions not initiated by you, and shall publish, at least annually, in a publication of general circulation in the area served by the agency, the address for consumers to use to notify the agency of the consumer's election to exclude information.

A consumer reporting agency that maintains consumer reports on a nation-wide basis shall establish a system meeting these requirements on a nation-wide basis, and may operate such a system jointly with any other consumer reporting agencies. Compliance with the requirements of this section by any consumer reporting agency constitutes compliance by the agency's affiliates.

A consumer reporting agency shall, upon your request, clearly and accurately disclose all information in your file, except that medical information may be withheld. The agency shall inform you of the existence of medical information, and you have the right to have that information disclosed to the health care provider of your choice. Nothing in this chapter prevents, or authorizes a consumer reporting agency to prevent, the health care provider from disclosing the medical information to you. The agency shall inform you of the right to disclosure of medical information at the time you request disclosure of your file.

If a person takes an adverse action against you based in whole or part on the information contained in a consumer report, the person shall provide written notice of the adverse action to you, except verbal notice may be given by a person in an adverse action involving a business regulated by the Washington utilities and transportation commission or involving an application for the rental or leasing of residential real estate if such verbal notice does not impair your ability to obtain a credit report without charge under RCW 19.182.100(2). The person taking adverse action must also provide you with the name, address, and telephone number of any other consumer reporting agency that furnished the report.

A consumer reporting agency shall, upon your request clearly and accurately disclose:
• All information in your file at the time of request, except that medical information may be withheld. The agency shall inform you of the existence of medical information, and you have the right to have that information disclosed to the health care provider of your choice. Nothing in this chapter prevents, or authorizes a consumer reporting agency to prevent the health care provider from disclosing the medical information to you. You have the right to disclosure of medical information at the time you request disclosure of your file.

• All items of information in its files on you, including disclosure of the sources of the information, except that sources of information acquired solely for use in an investigative report may only be disclosed to a plaintiff under appropriate discovery procedures.

• Identification of each person who for employment purposes within the two-year period before the request, and each person who for any other purpose within the six-month period before the request, procured a consumer report.

• A record identifying all inquiries received by the agency in the six-month period before the request that identified the you in connection with a credit transaction not initiated by you.

• An identification of a person under the rules above must include the name of the person or, if applicable, the trade name under which the person conducts business, and upon your request, the address of the person.

Consumer reporting agencies that provide toll-free telephone numbers must also provide adequately trained personnel to answer basic inquiries from consumers using the toll-free numbers.

If the completeness or accuracy of an item of information contained in your file at a consumer reporting agency is disputed by you and you notify the agency directly of the dispute, the agency shall reinvestigate without charge and record the current status of the disputed information before the end of thirty business days, beginning on the date the agency receives the notice.

Before the end of the five business-day period beginning on the date a consumer reporting agency receives notice of a dispute the agency shall notify any person who provided an item of information in dispute.

Notwithstanding the right to dispute information a consumer reporting agency may terminate a reinvestigation of information disputed by you if the agency determines that the dispute is frivolous or irrelevant, including by reason of a failure to provide sufficient information.

Upon making a determination in accordance that a dispute is frivolous or irrelevant, a consumer reporting agency shall notify you within five business days of the determination. The notice shall be made in writing or any other means authorized by you that are available to the agency, but the notice shall include the reasons for the determination and a notice of your rights.

In conducting a reinvestigation with respect to disputed information in your file, the consumer reporting agency shall review and consider all relevant information submitted by you in the period described with respect to the disputed information.

If, after a reinvestigation the information is found to be inaccurate or cannot be verified, the consumer reporting agency shall promptly delete the information from the consumer's file. If information is deleted the information may not be reinserted unless the person who furnishes the information verifies that the information is complete and accurate.
If information that has been deleted from a consumer's file is reinserted in the file the consumer reporting agency shall notify you of the reinsertion within thirty business days. The notice shall be in writing or any other means authorized by you that are available to the agency.

If the reinvestigation does not resolve the dispute or if the consumer reporting agency determines the dispute is frivolous or irrelevant, you may file a brief statement setting forth the nature of the dispute. The consumer reporting agency may limit these statements to not more than one hundred words if it provides you with assistance in writing a clear summary of the dispute.

After the deletion of information from your file under this section or after the filing of a statement of dispute the consumer reporting agency shall, at your request, furnish notification that the item of information has been deleted or that item of information is disputed. In the case of disputed information, the notification shall include the statement filed by you setting forth the nature of the dispute. The notification shall be furnished to any person specifically designated by you, who has, within two years before the deletion or filing of a dispute, received a consumer report concerning you for employment purposes, or who has, within six months of the deletion or the filing of the dispute, received a consumer report concerning you for any other purpose, if these consumer reports contained the deleted or disputed information.

Upon completion of the reinvestigation under this section, a consumer reporting agency shall provide notice, in writing or by any other means authorized by you, of the results of a reinvestigation within five business days.

The notice required must include:

- A statement that the reinvestigation is completed;

- A consumer report that is based upon the your file as that file is revised as a result of the reinvestigation;

- A description or indication of any changes made in the consumer report as a result of those revisions to your file;

- Upon your request, a description of the procedure used to determine the accuracy and completeness of the information shall be provided to you by the agency, including the name, business address, and telephone number of any person contacted in connection with the information;

- If the reinvestigation does not resolve the dispute, a summary of your right to file a brief statement as provided above section; and

- If information is deleted or disputed after reinvestigation, a summary of your right to request notification to persons who have received a consumer report as provided above.

In the case of a consumer reporting agency that compiles and maintains consumer reports on a nation-wide basis, the consumer reporting agency must provide to you, if you have undertaken to dispute the information contained in your file, a toll-free telephone number that you can use to communicate with the agency. A consumer reporting agency that provides a toll-free number required by this subsection shall also provide adequately trained personnel to answer basic inquiries from consumers using the toll-free number.

Except as authorized no consumer reporting agency may make a consumer report containing any of the following items of information:
• Bankruptcies that, from date of adjudication of the most recent bankruptcy, antedate the report by more than ten years;

• Suits and judgments that, from date of entry, antedate the report by more than seven years or until the governing statute of limitations has expired, whichever is the longer period;

• Paid tax liens that, from date of payment, antedate the report by more than seven years;

• Accounts placed for collection or charged to profit and loss that antedate the report by more than seven years;

• Records of arrest, indictment, or conviction of crime that, from date of disposition, release, or parole, antedate the report by more than seven years;

• Any other adverse item of information that antedates the report by more than seven years.

This section is not applicable in the case of a consumer report to be used in connection with:

• A credit transaction involving, or that may reasonably be expected to involve, a principal amount of fifty thousand dollars or more

• The underwriting of life insurance involving, or that may reasonably be expected to involve, a face amount of fifty thousand dollars or more; or

• The employment of an individual at an annual salary that equals, or that may reasonably be expected to equal, twenty thousand dollars or more.

You have a right to bring civil action against anyone who willfully or negligently fails to comply with any requirement imposed under the subtitle of Washington state law outlined above.

If you believe a law regulating consumer credit reporting has been violated, you may file a complaint with the Washington State Attorney General's Office, 1125 WASHINGTON ST SE · PO BOX 40100 · OLYMPIA WA 98504-0100. Telephone Number: 360-753-6200. CONSUMER PROTECTION DIVISION: The Consumer Resource Center Statewide Toll-Free Number: 800-551-9883. Complaints may be made Via U.S. Mail or E-Mail at: http://www.atg.wa.gov/FileAComplaint.aspx ((Include your U.S. Mail address with any complaint.)