



At-Will Application for Employment

Instruction Sheet

HPM Corporation is an Affirmative Action company that is committed to recruiting and hiring qualified employees without regard to race, religion, color, age, sex, marital status, national origin, citizenship, sexual orientation, disability or veteran status or any other characteristic protected under local, state or federal law. The policy of non-discrimination governs all aspects of employment, including compensation, benefits, advancement, transfers, layoff and return from layoff.

It is the policy of HPM Corporation to seek and employ qualified individuals at all locations and facilities, and to provide equal employment opportunities for all applicants and employees in recruiting, hiring, placement, training, compensation, insurance, benefits, promotion, transfer, and termination. To achieve this, we are dedicated to taking affirmative action to employ and advance in employment qualified individuals with disabilities, disabled veterans, and other eligible veterans.

The objective in adopting the Affirmative Action Programs is to place qualified individuals with disabilities, disabled veterans, and other eligible veterans in all job classifications. These Affirmative Action Programs are available for inspection by any applicant or employee by contacting Human Resources at humanresources@hpmcorporation.com.

Applicants will be required to complete an application.

This general employment application is required for all positions at HPM Corporation. Please type directly into the application document as it is a fillable form. Answer all items, even if you are submitting a resume. Be sure to check over your final application for accuracy. Failure to complete the application in its entirety may increase the processing time needed to verify your information.

This application document cannot be saved. Once you have completed it, please print a copy and sign in the signature box after reviewing the Applicant's Statement. Then, either scan and e-mail your completed application, resume, cover letter, and salary requirements to opportunities@hpmcorporation.com or fax it to HPMC, Attention: Human Resources, at 509-737-8938.

Individuals with disabilities that may need assistance in the application process or for mailing instructions call 509-737-8939 to speak to Human Resources.

Women, Minorities, Veterans, and Individuals with Disabilities are encouraged to apply.

We are an Affirmative Action and Equal Opportunity employer.

HPM Corporation is an equal opportunity employer and federal contractor or subcontractor. Consequently, the parties agree that, as applicable, they will abide by the requirements of 41 CFR 60-1.4(a), 41 CFR 60-300.5(a) and 41 CFR 60-741.5(a) and that these laws are incorporated herein by reference. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. These regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability. The parties also agree that, as applicable, they will abide by the requirements of Executive Order 13496 (29 CFR Part 471, Appendix A to Subpart A), relating to the notice of employee rights under federal labor laws.

HPM Corporation is a VEVRAA Federal Contractor

PAY TRANSPARENCY NONDISCRIMINATION PROVISION *The contractor will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.*

APPLICANTS NAME (LAST) (FIRST) (MIDDLE INITIAL)			SOCIAL SECURITY NUMBER — —
HOME ADDRESS (STREET)		(CITY)	(ZIP CODE)
HOME TELEPHONE NUMBER () —	WORK TELEPHONE NUMBER () —	CELL OR MESSAGE TELEPHONE NUMBER () —	
POSITION		DATE AVAILABLE FOR WORK	
HOW DID YOU LEARN ABOUT THIS OPENING?		SHIFT(S) AVAILABLE <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> No <input type="checkbox"/> Yes, when?	STARTING SALARY EXPECTATIONS \$	WORK PREFERENCE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally entitled to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Proof of right to work in the U. S. will be required if hired.</i>)	
Are you eligible to receive any and all permits/licenses by law?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or asked to resign from a job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain _____			
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accomodation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the function(s) that cannot be performed. _____			

Education

	Name & Location of School List Other Name Used If Applicable	Start / End Date	Graduated	Degree Earned
HIGH SCHOOL	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
VOCATIONAL	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Licenses and Certificates

Type of License/Certificate	Registration Number	Expiration Date	State

Job-Related Skills

Summarize job-related skills and qualifications

Employment History

EMPLOYER		TELEPHONE NUMBER () —	Date Employed	
ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			From	To
POSITION	DUTIES			
SUPERVISOR	REASON FOR LEAVING			

EMPLOYER		TELEPHONE NUMBER () —	Date Employed	
ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			From	To
POSITION	DUTIES			
SUPERVISOR	REASON FOR LEAVING			

EMPLOYER		TELEPHONE NUMBER () —	Date Employed	
ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			From	To
POSITION	DUTIES			
SUPERVISOR	REASON FOR LEAVING			

EMPLOYER		TELEPHONE NUMBER () —	Date Employed	
ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			From	To
POSITION	DUTIES			
SUPERVISOR	REASON FOR LEAVING			

EMPLOYER		TELEPHONE NUMBER () —	Date Employed	
ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			From	To
POSITION	DUTIES			
SUPERVISOR	REASON FOR LEAVING			

Professional References

List the name, telephone number and relationship of three individuals (not relatives) who are familiar with your work.

1. _____
2. _____
3. _____

Applicant's Certification

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application and accompanying letters or resume is true and complete. I also agree and understand that any false or misleading information or significant omission may disqualify me from consideration for employment or result in immediate dismissal.

In exchange for the consideration of my job application by HPM Corporation (hereinafter called HPMC), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements, and the like as they may exist from time to time or other Company policies, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of HPMC, or otherwise to change in any respect the employment-at-will relationship between HPMC and the undersigned, and that relationships cannot be altered except by a written statement signed by the President of HPMC. Both the undersigned and HPMC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that HPMC may unilaterally change or revise their benefits, policies and procedures, and such changes may include reduction in benefits.

Further, should I become an employee of HPM Corporation, I will adhere to HPMC's Code of Ethics and Standards of Conduct, will report all suspected violations of law related thereto, and will conduct the company's business in a strictly ethical and legal manner. Furthermore, I acknowledge that HPMC has established a Drug-Free Workplace Program. Should I seek a specific position with HPMC in which pre-employment drug testing is required, I acknowledge that I will be required to pass a drug screening test as a condition of employment. Should I become an employee of HPMC, I will abide by the terms of HPMC's Substance Abuse Policy and related management instructions.

Pursuant to the Immigration Reform and Control Act, HPMC will employ only those individuals who are eligible to work in the United States. Accordingly, upon hiring, all new employees will be required to demonstrate their eligibility to work in the United States. Failure to do so will result in termination or revocation of any offer of employment.

Acknowledgment and Authorization

I acknowledge receipt of the Disclosure Regarding Background Investigation and a Summary of your Rights Under the Fair Credit Reporting Act (both attached below) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by HPMC at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

SIGNATURE OF APPLICANT

TODAY'S DATE

PRINTED NAME



VOLUNTARY APPLICANT IDENTIFICATION
AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

REQUIRED:

Name: _____ Phone _____

Address: _____

Job applied for, or your specific skill area: _____

How did you hear of our opening? _____

Federal law requires that you have the opportunity to voluntarily provide this information if you wish. Your name and contact information above is required.

VOLUNTARY INFORMATION:

You may volunteer, but you are NOT REQUIRED, to tell us your ethnicity, race or gender. Presidential Executive Order 11246, as amended, requires us to present this to you. The information is used to study efforts to attract diverse pools of qualified applicants and ensure equal employment opportunity.

We do not send your response to the government. We report only group totals. However, it may be viewed by federal auditors or other officials. This is NOT part of your employment file. Hiring is always based on individual job qualifications. The law prohibits quotas, preferences or any consideration of your sex, race or ethnicity in employment decisions.

We invite you to **VOLUNTARILY** identify yourself in the categories below, now or at any time in the future.

If you decline, it will not subject you to adverse treatment.

1. GENDER: Male Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)

a. Hispanic or Latino? Yes No

 If you selected "No", please also consider volunteering the following:

b. Racial Background - Non-Hispanic:

White/Caucasian, Non-Hispanic or Latino

Black or African American, Non-Hispanic or Latino

Asian, Asian American Non-Hispanic or Latino

Native Hawaiian or Other Pacific Islander, Non-Hispanic or Latino

American Indian/Alaska Native, Non-Hispanic or Latino

2 or more races, Non-Hispanic or Latino

The Veterans Readjustment and Assistance Act of 1974 and the Rehabilitation Act of 1973, and their regulations effective July 1, 2014 require additional offerings of voluntary self-ID to applicants and those offered employment.

I decline to answer. **Please sign and return this form even if you do not answer.**

Please sign here: _____ Date _____

Employer Use Only:

EEO-1 Occup: 1.1 = Top/Executive Managers, 1.2 = All other managers/supervisors, 2 = Professionals, 3 = Technicians, 4 = Sales, 5 = Adm.Support/Clerical, 6 = Skilled Crafts, 7 = Operators, 8 = Labor, 9 = Service (guards, janitors)

JOB GROUP CODE: _____ If current opening, Job Applied For: _____



VETERANS SURVEY
VOLUNTARY SELF-IDENTIFICATION INVITATION
FOR JOB APPLICANTS

US GOVERNMENT REQUIREMENT FOR EMPLOYERS WITH FEDERAL
VETERANS AFFIRMATIVE ACTION PLANS - 41 CFR 60-300.42(a)

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I AM A QUALIFIED PROTECTED VETERAN (LISTED ABOVE)
- I AM A VETERAN BUT NOT IN ANY OF THE ABOVE PROTECTED CLASSES
- I AM NOT A VETERAN
- I DO NOT WISH TO DISCLOSE MY STATUS

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you receive a job offer, the US government requires us to invite further voluntary identification of your veteran status at that time, as you enter employment, and at any time you wish to disclose said status.

SIGNATURE

DATE

A Special Note From HPM Corporation - Affirmative Action under these US laws means facilitating equality of job opportunities and targeted recruiting, not quotas or preferences, which are prohibited. It also means reasonable accommodation to make our application and selection process accessible to persons with disabilities. If you would like to discuss a potential accommodation during this process please let us know.

Employer Use Only:

JOB GROUP CODE: _____

If current opening, Job Applied For: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____



Disclosure Regarding Background Investigation

HPMC may obtain information about you from a third-party 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 sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Hirease, LLC dba Accurate Now., PO Box 2559, Southern Pines, NC 28388, Voice: 866-693-1764, www.accuaratenow.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.



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 FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

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

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer 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 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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:

<p><u>New York applicants only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law</p>
<p><u>Washington State applicants only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>
<p><u>Minnesota and Oklahoma applicants only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>California applicants only:</u> Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:</p> <ul style="list-style-type: none">• 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 CRA 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 CRA 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. CRAs 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 CRAs. <p>"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 CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA 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. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.</p> <p>Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>