



Thank you for your interest in seeking employment at Goodwill of Southern New England.

Please note that we only accept applications for positions that are currently available. A list of openings can be viewed on our website, www.GoodwillSNE.org.

All applications **MUST BE COMPLETELY FILLED OUT**, even if submitting a resume, including but not limited to:

- Position applying for
- Employment history including dates (month & year) and reasons for leaving a position (“See Attached Resume” is not acceptable)
- Work and Personal References including current phone numbers for contact
- Background Inquiry Release including past seven (7) years of residency

Applications with missing information will be considered incomplete and will not be processed.

Completed applications will be reviewed and considered for a position with ESGI. Due to the large number of applicants, we are unable to contact each individual who submits an application for employment regarding the status of your application. If you meet the qualifications and are being considered for a position, we will contact you to arrange an interview. If you do not hear from us, you can assume that the job has been filled. All completed applications will be kept on file for a period of two years.

Thank you again for applying to Goodwill Industries of Southern New England.

Please fax, email or mail a completed Employment Application and Background Inquiry Release. Voluntary Affirmative Action Form (if completed) and Employee Self-Identification Form (if completed) should be included as well.

HR Fax: (203)-495-6108

Mailing Address: Attn: HR Dept., 432 Washington Avenue, North Haven, CT 06473

Email: HR@GoodwillSNE.org

For information on locations where you can complete applications in person please call (203)-777-2000.

Employment Application and Background Inquiry Release must be signed by applicant.



Goodwill

SOUTHERN NEW ENGLAND

432 Washington Avenue, North Haven, Connecticut 06473 • (203) 777-2000 • HR Fax (203) 495-6108
 Accredited by CARF...The Rehabilitation Accreditation Commission

APPLICATION FOR EMPLOYMENT

PERSONAL

Name (First)	(Middle)	(Last)	Date	
Current Street Address		City	State	Zip Code
Position applying for (must specify a position currently available)				Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____				Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What hours can you work?				
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?	
Special training or skills (languages, machine operation, etc.)				
How did you learn of our organization?				
Do you have any relatives employed by the Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:				

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary		/	5 6 7 8	<input type="checkbox"/> Yes	/
				<input type="checkbox"/> No	
High			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED
Are you enrolled in Military Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____ Rank: _____ Location: _____ Years Enrolled: _____				

EMPLOYMENT

COMPLETE IN FULL — “See Attached Resume” IS NOT SUFFICIENT

Company Name	Telephone
Address	Employed (Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work _____	Reason for Leaving

Company Name	Telephone
Address	Employed (Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work _____	Reason for Leaving

Company Name	Telephone
Address	Employed (Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work _____	Reason for Leaving

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p>DO NOT CONTACT</p> <p>Employer(s) _____</p> <p>Reason(s) _____</p>
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SPECIAL QUALIFICATIONS

Driver's License: Type: _____ State: _____ Expires: _____
Clerical Skills: Typing Speed: _____ Software Skills: _____
Other (Specify) _____

WORK REFERENCES

Name	Position	Company
Address (Work/Home)		Telephone (Work/Home)
Name	Position	Company
Address (Work/Home)		Telephone (Work/Home)
Name	Position	Company
Address (Work/Home)		Telephone (Work/Home)

GENERAL INFORMATION

Federal and state law require employees to be authorized to work in the United States. Are you currently authorized to work in the United States without company sponsorship? Yes <input type="checkbox"/> No <input type="checkbox"/>

PERSONAL REFERENCES

Name	Occupation	Address	Telephone

PLEASE READ BEFORE SIGNING:

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that, to be employed, I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.

I understand that the company will investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that for certain positions, additional background checks will be conducted as follows: Department of Developmental Services and Sex Offender Registry check will be conducted for all positions within the Agency; criminal history check will be conducted for all positions within the Agency; credit report will be secured for all positions with significant responsibility for cash management and access to cash; pre-employment physicals and Human Performance Evaluations will be performed for specified positions with significant physical requirements; and Motor Vehicle driver history will be conducted for all positions that require driving as part of the job. Furthermore, I authorize the Agency to conduct any background checks deemed appropriate and in accordance with all applicable state and federal regulations. I understand that the Agency reserves the right to reject or rescind an offer of employment based on an unsatisfactory background check.

I understand that the Agency has a Drug-Free Workplace policy and conducts pre-employment drug testing for Marijuana, Cocaine, Phencyclidine (PCP), Opiates and Amphetamines for all positions deemed safety sensitive. I understand that the Agency conducts random drug and alcohol testing and reasonable suspicion, post-accident, return-to-duty and unannounced follow-up testing in accordance with all applicable state and federal regulations.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date

Goodwill of Southern New England does not discriminate in employment opportunities or practices on the basis of race, color, religion, marital status, sex, sexual orientation, gender identity and expression, national origin, ancestry, age, because of a physical, intellectual or learning disability, past or present history of a mental disability, based on genetic information or membership in any group covered under applicable federal, state or local laws. Furthermore, the Agency will not discriminate against any employee or applicant because he/she is a disabled veteran (any era), a Vietnam-era veteran or other eligible veteran. This policy governs all aspects of employment. The Agency will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship.

FOR EMPLOYER'S USE ONLY

INTERVIEW SCHEDULE

Interviewer Name(s) Title(s)	Interview Date

REFERENCE CHECK

Employer	Person Contacted/Title	Results

EMPLOYMENT RESULTS

(Complete this portion and return to HR Department)

Employed: No Reason: _____

Yes Job Title: _____ Date of Employment ____/____/____

No. Hours/Week: _____ Salary/Hourly Rate: \$ _____ Cost Center: _____

Signature of Department Supervisor _____
Date

HUMAN RESOURCES

Pre-employment checklist:	<u>Verified/Satis.</u>	<u>Not Satis. for Position</u>	<u>Not Applicable</u>
DDS Registry	_____	_____	_____
Sex Offender Registry	_____	_____	_____
Criminal History	_____	_____	_____
Pre-employment Physical Exam/HPE	_____	_____	_____
Motor Vehicle Driver History	_____	_____	_____
Pre-employment Drug Test	_____	_____	_____
Post-Secondary Educ./Credential Verification	_____	_____	_____
Credit History	_____	_____	_____

Human Resources Personnel _____ Date _____

Agency Policy on Alcohol and Controlled Substance Testing
FACT SHEET

- Why does the Agency test applicants/employees for alcohol and controlled substances?

The Agency is firmly committed to operating in the safest and most efficient manner possible. As a responsible employer, the Agency is also committed to promoting the safety and welfare of its employees and the public. The widespread problem of drug and alcohol abuse in our society is a potential threat to those objectives, endangering not only the public, but also the future of the Agency and the personal lives of its employees.

It is the responsibility of each employee to ensure that he/she is drug free in compliance with the requirements outlined in the policy.

- Who will be tested for alcohol and/or illegal or unauthorized drugs?

Applicants for positions which are deemed safety sensitive by the Agency; and

Employees in positions which must adhere to federal Department of Transportation regulations regarding random, reasonable suspicion, post accident, return-to-duty and follow-up drug and alcohol testing; and

All employees are subject to reasonable suspicion drug and alcohol testing. Determination of reasonable suspicion will be made by appropriate supervisory personnel who have been trained to recognize signs and symptoms of substance abuse.

- What if I fail a drug or alcohol test?

Applicants who have a confirmed "positive" test for drugs will be rejected for employment at the Agency and will not be eligible for hire at the Agency for twelve(12) months following.

Employees who have a confirmed "positive" test for drugs or alcohol will be removed from duty in accordance with state and federal regulations and will be subject to disciplinary action up to and including termination of employment.

Applicants/employees who fail to cooperate in the drug and/or alcohol test will be dealt with as a "positive" result.

The Agency's Policy on Alcohol and Controlled Substance Testing will be implemented in accordance with all applicable state and federal regulations. The complete policy will be made available to all applicants/employees of the Agency.

**Goodwill Industries of Southern New England
432 Washington Avenue, North Haven, CT 06473**

BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself including, but not limited to, consumer credit history, criminal history, driving history, education and other reports. These reports may include information as to my character, work habits, job performance, and experience, along with reasons for termination of past employment. I further understand that information will be requested from various Federal, State, and other agencies, which may maintain records concerning my past activities relating to my driving (includes any conviction of DUI or DWI), credit performance, criminal conduct, civil court, and other experiences.

I authorize, without reservation, any party or agency contacted to furnish the above information.

I hereby consent to your obtaining the above information. And, I further understand that, to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

*****PLEASE FILL OUT THIS FORM COMPLETELY*****

Print Name: _____

List ALL other first & last names ever used: _____
PRINT NAME YEAR LAST USED PRINT NAME YEAR LAST USED

Soc. Sec. # _____ Date of Birth _____

Driver's License #: _____ State Issued: _____ Expires _____

Telephone: _____ CURRENT Street Address: _____

City _____ County _____ State _____ Zip _____ How long at address? _____

PREVIOUS Address: _____

City _____ County _____ State _____ Zip _____ How long at address? _____

Last School/College/University Attended/Graduated From _____

City _____ State _____ Graduated? _____ Year Graduated/Expected Graduation (MM/YYYY) _____

If you graduated, indicate Certificate GED Diploma Degree

Degree Level & Major (e.g. A.S./B.S./M.A. etc.) _____

Registered and/or Graduated under what name? _____

Did you have a Maiden or other name while attending? _____

Signature of Applicant Date

Please provide at least 7 years of residency. If you need additional space use the back of this form.

For EMPLOYER Use Only: Requested by: _____ Dept. _____
Criminal (Indicate States): _____ Driver History _____ Employment _____
Social Security _____ Professional License _____ Sex Offender Registry _____ DDS Registry _____
Pre-employment Drug Screening _____ HPE/Physical Exam _____
Hiring Supervisor Notified: _____ Date: _____ HR Rep.: _____



EMPLOYEE SELF-IDENTIFICATION FORM

IMPORTANT – To enable us to meet government recordkeeping and reporting requirements for the administration of civil rights laws and regulations, Goodwill Industries invites you to complete this personal data form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be used solely for government recordkeeping and reporting purposes and will be kept in a separate, confidential file. Information you submit about your disability or veteran status will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials engaged in enforcing discrimination laws may be informed. The information provided will not be used in a manner inconsistent with section 503 of the Rehabilitation Act of 1973 and section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Any information that you choose to provide **will not** be considered by Easter Seals Goodwill Industries for employment purposes and will be treated as confidential. Your **voluntary cooperation** is appreciated.

Name: _____ Date: _____ Male Female

Are you **Hispanic or Latino** (i.e., A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes No

If no, what race(s) do you consider yourself to be? (If any of the definitions outlined below apply to you, please check off the appropriate box(es).)

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All person who identify with more than one of the above five races.

Are you a **DISABLED VETERAN**? Yes No Are you a **QUALIFIED DISABLED VETERAN**? Yes No
 Are you a **RECENTLY SEPARATED VETERAN**? Yes No Are you an **ARMED FORCES SERVICE MEDAL VETERAN**? Yes No
 Are you an **ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN**? Yes No

Definition of veteran classifications:
DISABLED VETERAN is (1) a veteran of the US 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 (2) a person who was discharged or released from active duty because of a service-connected disability.
QUALIFIED DISABLED VETERAN means a disabled veteran as defined above who has the ability to perform the essential functions of the employment position at issue with or without reasonable accommodation.
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 US military, ground, naval or air service.
ARMED FORCES SERVICE MEDAL VETERAN is any veteran who, while serving on active duty in the US military, ground, naval or air service, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN means a veteran who served on active duty in the US 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 (includes Vietnam era veterans.)

You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information may assist us in placing you in the appropriate position and in making any necessary reasonable accommodation.

Employee Signature _____ Date _____

To be Completed by Human Resources Personnel for Administrative Use Only

Position(s) applied for Available Not Available Other _____ Dept _____

Hired Yes No Position hired for _____ Date of Hire ___/___/___

- 1A Officials/Managers 2A Direct Care Professional 4A Retail 6A Skilled
- 1B Retail Managers 2B Administrative Professional 4B Sales 7A Operatives (Semi-skilled)
- 1C Department Managers 3A Technicians 5A Clerical 8A Laborers (Unskilled) 9A Service

If not hired, reason _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of 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 1-888-567-8688.
- **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:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area Supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>