

PRE-ADVERSE ACTION LETTER-APPLICATION FOR EMPLOYMENT

Date _____

Applicant _____

Address _____

City, State, Zip _____

Dear _____:

In evaluating your (application for employment) (Continued employment) with _____, we received the enclosed consumer report from Northeast Claim Service. This information is provided because an adverse employment decision may be based, in whole or part on this report.

You have the right to dispute the accuracy or completeness of any information in the report by contacting Northeast Claim Service. You may also obtain a free copy of your consumer report directly from Northeast Claim Service if you request it within sixty (60) days. You will be asked to provide your full name, mailing address, social security number, the name of our company and a photocopy of your driver's license and social security card for identification purposes. You may contact Northeast Claim Service at the following address or phone number.

Northeast Claim Service
P.O. Box 1252
Schenectady, New York 12301
518-882-5025
Toll Free: 888-263-6676

Please refer to the enclosed Summary of Your rights under the Fair Credit reporting Act for additional information.

Sincerely,

Name: _____

Title: _____

Company Name _____