



**Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing**

You must complete one form for **each employer** (i.e. direct employer, contractor, leasing company, temporary agency, etc.) for whom you worked in a Safety Sensitive position during the previous 3-year period

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

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 (Company Name), and/or its agent, CareerBuilder Employment Screening, LLC. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and FMCSA Part 391.23 investigation and inquiries. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items for the past three (3) years:

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.

\* Is this your current employer?  Yes  No

\* Do we have permission to contact your current employer:  Yes  No

\* Is this a DOT-regulated or safety-sensitive position?:  Yes  No  I have not worked in a DOT-regulated safety-sensitive position in the past, this would include positions regulated by DOT modes as follows: Federal Motor Carrier (FMCSA), Pipeline (PHMSA), Federal Aviation Association (FAA), Federal Rail Association (FRA), Federal Transit Authority (FTA), Coast Guard (USCG)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-B.**

DOT Employer	Address		City, State, Zip	
Position Held	From(mm/dd/yy)*	To (mm/dd/yy)*	Phone Number	Fax Number

\*please add day as 00 if unsure of exact date (i.e. 01/00/2019)

**TO FORMER EMPLOYER:** Please give the following information about this applicant. It will be held in strict confidence. Please transmit back by fax to: 847-577-9605

- List employment dates: \_\_\_\_\_
- Qualified in what equipment? \_\_\_\_\_
- Driver's license ever revoked or suspended? \_\_\_\_\_



**Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing**

Accident History:				
Complete the following for any accidents included on your accident register (390.15 (b)) that involved the employee.				
Date of Accident	Location	No of Injuries	No of Fatalities	Hazmat Spill

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-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 \_\_\_
  - If yes, please provide date: \_\_\_ / \_\_\_ / \_\_\_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
  - If yes, please provide date: \_\_\_ / \_\_\_ / \_\_\_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
  - If yes, please provide date: \_\_\_ / \_\_\_ / \_\_\_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
  - If yes, please provide date & details: \_\_\_ / \_\_\_ / \_\_\_\_\_;
  - Details: \_\_\_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
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 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

# Application For Employment

Matthews Buses, Inc.  
2900 Route 9 – Malta  
Ballston Spa, NY 12020

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### Please Print Clearly

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

How did you learn about Matthews Buses, Inc.?

- |                                           |                                            |                                             |                                |
|-------------------------------------------|--------------------------------------------|---------------------------------------------|--------------------------------|
| <input type="checkbox"/> Advertisement    | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Friend or Relative |                                |
| <input type="checkbox"/> Please Check One | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Walk In            | <input type="checkbox"/> Other |
| ____ Newspaper                            |                                            |                                             |                                |
| ____ Internet                             |                                            |                                             |                                |
| ____ Job Bank                             |                                            |                                             |                                |

Have you ever filled an application with us before?  Yes  No  
If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you legally permitted to work in the United States?  Yes  No

*(NOTE: Proof of eligibility will be required within three working days of employment.)*

On What date would you be available for work? \_\_\_\_\_

Are you available for work:  Full Time  Part Time  Shift Work  Seasonal

Are you on "layoff" status and subject to recall?  Yes  No

Do you have a valid driver's license?  Yes  No

Can you travel if the job requires it?  Yes  No

Application  
For Employment

Matthews Buses, Inc.  
2900 Route 9 – Malta  
Ballston Spa, NY 12020

**EDUCATION:**

Education Level	Name & Address of School	Course of Study	Diploma/Degree
Elementary School			
High School			
Undergraduate College			
Graduate or Professional School			
Other (Specify)			
Military Experience	Branch	Rank	Honorable Discharge Yes or No

Do you know more than one language?

Yes     No

If so, in what form and how well:

Foreign Languages	Firm	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skill and extra-curricular activities.


Application  
For Employment

Matthews Buses, Inc.  
2900 Route 9 – Malta  
Ballston Spa, NY 12020

Describe any job related training received in the United States Military. *(If applicable)*


Please describe any specialized skills you possess that you feel may be helpful to us in considering your application.


List professional, trade, business or civic activities and offices held.

*(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*


# Application For Employment

Matthews Buses, Inc.  
2900 Route 9 – Malta  
Ballston Spa, NY 12020

## EMPLOYMENT EXPERIENCE:

Start with your present or previous job. Include any job related military service assignments and volunteer activities. *(You may exclude organizations which indicate gender, race, color, religion, national origin, disabilities or other protected status.)*

1.

Employer Name		Employed From	Employed To	Work Performed
Employer Address				
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

2.

Employer Name		Employed From	Employed To	Work Performed
Employer Address				
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

3.

Employer Name		Employed From	Employed To	Work Performed
Employer Address				
Supervisor Name & Telephone Number				
Job Title(s)				
Reason for leaving				

Application  
For Employment

Matthews Buses, Inc.  
2900 Route 9 – Malta  
Ballston Spa, NY 12020

**PROFESSIONAL REFERENCES:**

Name	
Company Name	
Company Address	
Phone Number	
Name	
Company Name	
Company Address	
Phone Number	
Name	
Company Name	
Company Address	
Phone Number	

**APPLICANT’S STATEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period of time should inquire as to whether or not applications are being accepted at that time.

I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_





**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING**

**Matthews Buses, Inc.** ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education (including transcripts), 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 to request a copy of your report. These searches will be conducted by CareerBuilder Employment Screening, LLC, 3800 Golf Road, Suite 120, Rolling Meadows, IL 60008, (866) 255-1852, [www.careerbuilderscreening.com](http://www.careerbuilderscreening.com).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[End of Document]

Page 1 of 1

**NOTE: YOU MUST RETURN THIS DOCUMENT**

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my assignment or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, branch of the military, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CareerBuilder Employment Screening, LLC, 3800 Golf Road, Suite 120, Rolling Meadows, IL 60008, (866) 255-1852, [www.careerbuilderscreening.com](http://www.careerbuilderscreening.com)** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants, volunteers, contractors or employees only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, 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 Employer 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.

**New York applicants, volunteers, contractors or employees only:** By signing this form, you acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants, volunteers, contractors or employees only:** 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.

**Minnesota and Oklahoma applicants, volunteers, contractors or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[End of Document]

Page 1 of 1

NOTE: YOU MUST RETURN THIS DOCUMENT

**PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE**

First Name:

Middle Name:

Last Name:

Maiden Name:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

**List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary**

Street

City

County

State

ZIP

How Long?

Current:

2:

3:

Present Phone Number (with area code):

Social Security Number:

Date of Birth\* (MM/DD/YYYY):

Gender\*

Male  Female  Prefer Not to Answer

Driver's License Number:

Driver's License State:

Email Address:

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[End of Document]

Page 1 of 1

**NOTE: YOU MUST RETURN THIS DOCUMENT**

Para información en español, visite [www.consumerfinance.gov/learnmore](http://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 FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://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](http://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](http://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](http://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](http://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, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. 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 P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the 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 the 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, S.W., Suite 8200 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>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

## **FOR NEW YORK APPLICANTS ONLY**

### NEW YORK STATE CORRECTION LAW ARTICLE 23-A: LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

#### § 750. Definitions

For the purposes of this article, the following terms shall have the following meanings:

1. "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
2. "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
3. "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license [fig 1], opportunity, or job in question.
4. "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
5. "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

#### § 751. Applicability

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses [fig 1] in this state or in any other jurisdiction, [fig 2] and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

#### § 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the [fig 1] individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the [fig 2] individual has previously been convicted of one or more criminal offenses, unless:

1. There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
2. The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  1. The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  2. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  3. The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  4. The time which has elapsed since the occurrence of the criminal offense or offenses.
  5. The age of the person at the time of occurrence of the criminal offense or offenses.
  6. The seriousness of the offense or offenses.
  7. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  8. The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.