



APPLICATION FOR EMPLOYMENT

TO APPLICANT:

To be considered for employment, all items I-VII must be completed, including signature.

PRINT LEGIBLY IN INK

STORE NAME AND LOCATION _____

HOW DID YOU HEAR ABOUT THIS JOB ? _____

DATE _____

NICKELS AND DIMES INCORPORATED is an Equal Opportunity Employer which endeavors, pursuant to Federal and State Laws, to give every Applicant for employment and every employee equal consideration in all employment matters without regard to Race, Color, Age, Sex, Religion, National Origin, or Disability.

| I. PERSONAL INFORMATION | |
|---|-----------------------------------|
| Name (Last, First, Middle) | |
| Present Address (No., Street, City, State, Zip Code) | Home Phone Number |
| Permanent Address (No., Street, City, State, Zip Code) | Are you at least 18 years of age? |
| | Are you at least 16 years of age? |
| Do you have legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed you must supply a copy of your work permit card | |
| Have you ever been employed by a division of Nickels and Dimes Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Store Name _____ Location _____ Supervisor _____ Dates Employed: From _____ To _____ | |
| Do you have friends or relatives in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; Name: _____ Relationship: _____ | |
| Do you have any sideline business interest? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; explain: _____ | |
| In case of accident or emergency, notify: _____ Phone No.: _____ Relationship: _____ | |
| Do you have reliable transportation to and from work? | |

| II. EMPLOYMENT INTERESTS / SKILLS | | | |
|---|---|-------------------------|---|
| Position for which you are applying | Salary expected | Date available for work | <input type="checkbox"/> Full time <input type="checkbox"/> Part time |
| Do you object to irregular hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | Would you be willing to re-locate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you object to night work? <input type="checkbox"/> Yes <input type="checkbox"/> No | Restrictions: _____ | | |
| Hours available for work: Sunday From _____ To _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ | Do you have any special skills or information which you feel would be pertinent to the job for which you are applying? _____ _____ _____ | | |
| Technical skills: Do you have experience with any of the following? Volt Meter <input type="checkbox"/> Yes <input type="checkbox"/> No Logic Probe <input type="checkbox"/> Yes <input type="checkbox"/> No Oscilloscope <input type="checkbox"/> Yes <input type="checkbox"/> No Computer <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been discharged or resigned rather than be terminated from a job? Explain: _____ | | | |
| Have you ever been convicted of a crime other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates, charge, penalty assessed and disposition: _____ | | | |
| Do you have any obligations or responsibilities which might interfere with this job? | | | |

III. EDUCATION

| School | Name and Location | Highest grade level | Diploma or degree type check if earned | Course / Major |
|---|-------------------|---------------------|--|----------------|
| High School | | | | |
| College, Business, Vocational or other Training | | | | |
| | | | | |

IV. EMPLOYMENT HISTORY

Please list all jobs, beginning with your present or last employer. Account for all periods, including unemployment, self-employment, and any U.S. military service. Use a separate page or additional application if needed.

| | | | | | | | |
|-----------------------------|-----|--------|-----|---------------------|---------------------------------|--|--|
| A. Company name and address | | | | Job Title | | May we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Supervisor: | | Phone No. | |
| | | | | Reason for leaving: | | | |
| Dates | | Salary | | Type of business | Job duties and responsibilities | | |
| Start | End | Start | End | | | | |
| B. Company name and address | | | | Job Title | | May we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Supervisor: | | Phone No. | |
| | | | | Reason for leaving: | | | |
| Dates | | Salary | | Type of business | Job duties and responsibilities | | |
| Start | End | Start | End | | | | |
| C. Company name and address | | | | Job Title | | May we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Supervisor: | | Phone No. | |
| | | | | Reason for leaving: | | | |
| Dates | | Salary | | Type of business | Job duties and responsibilities | | |
| Start | End | Start | End | | | | |

V. PERSONAL REFERENCE

| | | |
|----------------------|------------|-----------|
| Name: (No relatives) | Occupation | Phone No. |
|----------------------|------------|-----------|

VI. POLYGRAPHS

IT IS OUR COMPANY'S POLICY TO REQUEST (AS OPPOSED TO DEMAND OR REQUIRE) A POLYGRAPH (LIE DETECTOR) EXAMINATION TO CORRECT COMPANY IRREGULARITIES WHEN NECESSARY. EMPLOYEES MAY REQUEST OR DECLINE THIS EXAMINATION. ALL QUESTIONS ASKED DURING THE EXAMINATION WILL RELATE ONLY TO THE ISSUE AT HAND. YOUR REFUSAL TO TAKE SUCH A TEST IS YOUR RIGHT GUARANTEED UNDER FEDERAL LAW. BY REFUSING SUCH EXAMINATION YOUR POSITION WITH THIS COMPANY WILL NOT BE IN JEOPARDY.

VII. PERSONAL OPINION SURVEY

A. In our world today, we often work with people who behave and think in different ways. Nickels and Dimes Incorporated is interested in your opinion and acceptance of these differences. How acceptable would a person be, if he or she currently:

| | Very acceptable | Acceptable | Not sure | Unacceptable | Very Unacceptable |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Drinks alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses uppers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses marijuana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Why do employees steal?

C. Have you ever engaged in the following behavior?

| | YES | NOT SURE | NO | REFUSE TO ANSWER |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Using Stolen Credit Cards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homicide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arson | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rape | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Forgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Theft of Auto Parts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mail Fraud | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breaking Company Rules or Policies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cashing Stolen Checks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Selling Drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assault and Battery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gang fights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing Bad Checks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Burglary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buying or Selling Stolen Merchandise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shoplifting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Illegal Possession of a Weapon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance Fraud | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Auto Theft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vandalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Robbery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lying to your Employer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stealing from Employer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breaking and Entering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. Based on your job history, how do you think your past employers will rate you in the following areas?

| | Excellent | Above Average | Average | Below Average |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. In previous jobs, what things did your employer like most about you?

F. Based on your past employment experiences, what areas do you feel you should improve, (attendance, performance, tardiness, honesty, control of temper, etc.)?

APPLICANT'S STATEMENT

I attest that the information I have provided on this application is true and correct. Further, I understand that should any of the information I have provided on this application be deemed false or incorrect, I will be subject to immediate dismissal. I authorize all organizations and individuals named in this application (and accompanying resume, if any) to provide Nickels and Dimes Incorporated ("Company") with any relevant information required to make an employment decision. I further release all such organizations or individuals from all liability arising out of providing such information. I hereby release the Company from any and all liability arising out of this investigation or its results. I understand that false or misleading information given in my application or interview(s) will be grounds for termination.

I acknowledge that employment with this Company is "at will", which means that I may resign at any time and my employer may discharge me at any time, with or without notice or cause. I also understand that this "at will" employment relationship may not be changed or waived by anyone.

Further, I agree to reimburse the Company for cash shortages, breakage or loss of equipment, in accordance with the Company's cash handling policies.

I have read and understand the above statements. Signature of applicant: _____

NOTICE TO APPLICANTS

This application will be considered active for a period of 30 days. Any applicant being considered will be contacted. If you have any questions, please contact the interviewer by phone.

VII. TO BE COMPLETED BY INTERVIEWER

A. Comments _____

Reference Name _____ Position _____

B. Comments _____

Reference Name _____ Position _____

C. Comments _____

Reference Name _____ Position _____

Personal Reference Comments

Date Employed _____ Starting pay _____ Hourly Salary

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