



# EMPLOYMENT APPLICATION

Next Coffee Company, an Affirmative Action Employer, provides equal employment opportunity to all individuals regardless of their race, color, religion, sex, age, national origin, disability, veteran status, or any other characteristic protected by any applicable law.

PLEASE PRINT

## PERSONAL INFORMATION

Date	Position applied for	Salary Range Desired	I am available : (Check all that apply)	
			Full Time ..... <input type="checkbox"/>	AM Shift..... <input type="checkbox"/>
			Part Time ..... <input type="checkbox"/>	PM Shift..... <input type="checkbox"/>
			Temporary ..... <input type="checkbox"/>	Weekends ..... <input type="checkbox"/>
			Summer ..... <input type="checkbox"/>	Holidays..... <input type="checkbox"/>

Name Last	First	MI	Telephone Number ( ) -
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Current Address Street No.	City	State	ZIP	How long?
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Prior Address Street No.	City	State	ZIP	How long?
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Social Security Number _ _ - _ - _ - _ - _ -	Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proof of work authorization will be required	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	When could you start employment?
-------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	----------------------------------

Have you ever been convicted of a felony?* If yes, please explain. (You are not required to disclose convictions that have been legally expunged from your record.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Student Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in Default on a Student Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever served in the U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service:  Discharge Date:
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Have you ever applied at, or been employed by, Next Coffee Company? <input type="checkbox"/> Yes <input type="checkbox"/> No When: Supervisor / Manager: Reason for leaving:	Do you have any relatives employed by Next Coffee Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How were you referred to Next Coffee Company?

Civic Organization <input type="checkbox"/>	_____	Employment Agency <input type="checkbox"/>	_____	Newspaper Ad <input type="checkbox"/>	_____
College Recruitment <input type="checkbox"/>	_____	Job Fair <input type="checkbox"/>	_____	Unsolicited Resume <input type="checkbox"/>	_____
Employee Referral <input type="checkbox"/>	_____	Magazine Ad <input type="checkbox"/>	_____	Walk In / Other <input type="checkbox"/>	_____

What business equipment can you operate? (For example, computers, copiers, etc)	In what computer software programs are you proficient? (Name the packages)
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## EDUCATIONAL BACKGROUND

School	Name and Address of School	Graduate? Yes No	Degree Received	GPA	Major
High School					
College					
Business or Trade/Other					

Name of Most Recent Employer (1) :

Employer Address	Telephone Number ( )	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Position Title	Supervisor Name and Title
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Employed From Month Year	Duties and Responsibilities
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Employed To Month Year	
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Starting Base Salary*	
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Ending Base Salary*	Reason For Leaving
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Additional Information

<b>Name of Previous Employer (2) :</b>			
Employer Address		Telephone Number (       )	
Position Title		Supervisor Name and Title	
Employed From Month           Year	Duties and Responsibilities		
Employed To Month           Year			
Starting Base Salary*			
Ending Base Salary*	Reason For Leaving		
Additional Information			
<b>Name of Previous Employer (3) :</b>			
Employer Address		Telephone Number (       )	
Position Title		Supervisor Name and Title	
Employed From Month           Year	Duties and Responsibilities		
Employed To Month           Year			
Starting Base Salary*			
Ending Base Salary*	Reason For Leaving		
Additional Information			

\*List base salary only. Bonus, commission, incentive, and any other forms of additional compensation can be listed in the additional information sections. The ending base salary for a current employer should reflect present and not anticipated earnings.

<b>LIST TWO PROFESSIONAL REFERENCES (not relatives)</b>	
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
<p>I affirm that the information that I have provided on this application is true and correct to the best of my knowledge. I authorize the Company to conduct an investigation to verify any information that I have provided, both written and verbal, and any other information about me that it deems necessary and further authorize any company, school, institution or individual that I have been associated with to release any information that is relevant to this investigation, and release all parties from all liability for any damage that may result from furnishing same to the Company. I understand that any misrepresentation on my part may result in the termination of my employment or the revocation of an offer of employment whenever discovered. I also understand that if I am given an offer of employment, the Company may require that I submit to a post-offer / pre-hire drug test in accordance with applicable state law. I hereby consent to this drug test and understand that employment with the Company is contingent upon satisfactory completion of the requisite drug test. In consideration of my employment, I agree to conform to the rules and regulations of the Company. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment or duration of employment have been made to me and I understand that no such promise or guaranty is binding upon the Company unless made in writing and signed by the Human Resource Department. If an employment relationship is established, I understand that the employment relationship is at will, meaning that I have the right to terminate my employment at any time and that the Company retains the right to terminate my employment at any time with or without notice or warning and with or without cause.</p>	
_____	_____
Signature	Date

We Appreciate Your Interest in Next Student.



## EEO-1 Report & Employee Survey

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Various agencies of the United States government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain recordkeeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status. We appreciate your completion of the following survey.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse action. The information you provide will be kept confidential, in a separate file, and will be used only for the purpose of complying with the federal government requirements.

### I identify myself as:

**GENDER:**      Male        Female   

### RACE / ETHNICITY:

- |                                                    |                                                           |
|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> White (Non-Hispanic)      | <input type="checkbox"/> Asian or Pacific Islander        |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic                  |                                                           |

Regulations issued by the U.S. Dept. of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations and without subjecting the individual to adverse treatment.

### RACE / ETHNICITY:

- |                                                                            |                                              |
|----------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Disabled Person                                   | <input type="checkbox"/> Vietnam Era Veteran |
| <input type="checkbox"/> Special Disabled Veteran (30% or more disability) |                                              |

NAME \_\_\_\_\_

DATE \_\_\_\_\_



# FAIR CREDIT REPORTING ACT CANDIDATE NOTICE AND DISCLOSURE

NextStudent Inc. (“Company”) may order a consumer report and/or investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency (“Consumer Reporting Agency”) that will prepare and process the report(s) is:

ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers’ compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, \_\_\_\_\_, agree that a facsimile or photocopy of this form is valid just like the original form. I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

\_\_\_\_\_  
Please print your full name. Last First Middle

\_\_\_\_\_  
Current Address City State Zip Code

\_\_\_\_\_  
(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

\_\_\_\_\_  
Signature Today’s Date

**COPY OF NOTICE AND DISCLOSURE WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.**

**For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.**

I request a free copy of the report.

#### **STATE LAW NOTICES:**

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

**MASSACHUSETTS:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

**NEW YORK:** If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

**WASHINGTON STATE:** You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. 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. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.



CANDIDATE RELEASE AUTHORIZATION

Applicant Complete the Following

- I. In connection with my application for employment or continued employment at NextStudent Inc. (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box. [ ] The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by the Company or its agent, to furnish the information described in Section I.
VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to the Company. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

Driver's License Number State Issuing License Name as it appears on license.

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex: \_\_\_Male \_\_\_Female Race: \_\_\_Asian \_\_\_Black or African American \_\_\_White \_\_\_Hispanic or Latino \_\_\_Other

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature Today's Date

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:
Notary Public Signature
Date
My Commission Expires

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## 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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

• **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).

• **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.

• **Identify theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6</b> Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision Consumer Complaints</b> Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation Consumer Response Center</b> 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation Office of Financial Management</b> Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture Office of Deputy Administrator - GIPSA</b> Washington, DC 20250 202-720-7051