



BIG LOTS EMPLOYMENT APPLICATION

This application is considered active for ninety (90) days.

DRUG-FREE WORKPLACE
All employees are subject to drug and alcohol testing procedures permitted under federal and state law.

WOTC Registration # _____

PERSONAL DATA

Please complete in ink.

Name (Last, First, Middle)		Contact Phone Number
Street Address		Social Security Number
City	State	Zip
E-mail Address		
Position(s) interested in?		
Salary Requirements _____ Hour/Year (Circle One)	Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state your age. _____	
Have you ever worked for any Odd Lots, Big Lots, Mac Frugal's, Pic 'N' Save, All For One, ITZADEAL, Toy Liquidators, Toys Unlimited, Amazing Toy Stores, K•B Toys, K•B Toy Outlet, K•B Toy Works or other Big Lots locations before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and where? _____		
If hired, can you supply proof that you are legally entitled to work in the United States for any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have friends or relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, who? _____		
Can you work: <input type="checkbox"/> Anytime <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		
Are there any times or days you cannot work? _____		
Have you ever been convicted of a felony, a violent crime, or retail related crime (i.e., shoplifting, credit card fraud, robbery, theft, burglary)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: A "yes" response will not automatically disqualify you from employment, but will be considered as part of your overall job-related qualifications for employment. You do not need to disclose any information regarding arrests or any criminal charges and/or convictions that have been erased, annulled, sealed and/or expunged from your record.		
If yes, please describe: _____		

EDUCATION

Type of School	Name of School	Location of School	Area of Study	Last Year Completed	Did You Earn a Degree or Diploma?
High School				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
Graduate				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

List names of three people (other than relatives) we may contact who have knowledge of your job-related skills.

	Name	Telephone Contact/Email Contact	Address/City/State	Occupation
1				
2				
3				

AN EQUAL OPPORTUNITY EMPLOYER

CONTINUED ON BACK

Big Lots is an Equal Opportunity Employer and does not discriminate in making employment decisions based upon race, color, sex, religion, national origin, age, disability, marital status, sexual orientation, or veteran or military status.

EMPLOYMENT HISTORY

BEGINNING WITH YOUR MOST RECENT EMPLOYER, LIST ALL EMPLOYMENT INCLUDING MILITARY SERVICE AND SELF-EMPLOYMENT. Please account for all periods of unemployment. All sections of this application must be complete even if a resume is attached.

If presently employed, may we contact your employer for references? Yes No May we contact you at your place of employment? Yes No

Name of present or last employer	Job Title/Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address	Was your position <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Supervisor Name	
City, State, ZIP	Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Explain	Starting Salary \$	
Phone Number ()		Last Salary \$	
Name of previous employer	Job Title/Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address	Was your position <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Supervisor Name	
City, State, ZIP	Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Explain	Starting Salary \$	
Phone Number ()		Last Salary \$	
Name of previous employer	Job Title/Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address	Was your position <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Supervisor Name	
City, State, ZIP	Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Explain	Starting Salary \$	
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City, State, ZIP	Reason for leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Explain	Starting Salary \$	
Phone Number ()		Last Salary \$	

I understand that Big Lots may contact the past employers and/or personal references I have provided in order to verify my past employment and work record. I authorize all past employers, educational institutions, government agencies and/or personal references to release any and all information concerning my past employment work history, performance, and personal character. I hereby release all such employers, personal references, and Big Lots from any and all liability resulting from damages I may incur in the reference verification process. I understand that my employment or continued employment is contingent upon my successfully completing both reference and background checks.

I also understand that if employed by Big Lots, my employment is "at will" and can be terminated at any time for any reason either by myself or the Company. This agreement cannot be modified by any representative of the Company either in writing or verbally.

Finally, I understand it is unlawful for Big Lots to employ anyone who is neither a citizen of the U.S. nor an alien authorized to work in the U.S. I certify that any U.S. citizenship/work authorization information I provide to the Company is authentic. Further, I certify that all information I have provided on this application is accurate.

False information or omission of facts on this application may result in the termination of my employment with Big Lots.

Applicant's Signature

Date

Thank you for your interest and the time you have taken to submit this application.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____ / ____ / ____

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

For Employer's Use Only

Employer's name Telephone no. () - EIN ▶ 31 1186811

Street address

City or town, state, and ZIP code

Person to contact, if different from above Elizabeth Henricks c/o First Advantage Telephone no. (888) 570 - 4455

Street address First Advantage, 9025 N. River Rd., Suite 300

City or town, state, and ZIP code Indianapolis, IN 46240

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping3 hrs., 16 min. Learning about the law or the form46 min. Preparing and sending this form to the SWA42 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.