



# 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.

## PERSONAL DATA

Please complete in ink.

WOTC Registration # \_\_\_\_\_

Name (Last, First, Middle)		Contact Phone Number
Street Address		
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 Big Lots 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 (1) a violent crime (i.e., assault, battery, murder, etc.), (2) a retail related crime (i.e., shoplifting, credit card fraud, robbery, theft, burglary, etc.), or (3) drug trafficking/distribution? <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/E-mail 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	Starting Salary \$	
Phone Number (      )	Explain	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	Starting Salary \$	
Phone Number (      )	Explain	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	Starting Salary \$	
Phone Number (      )	Explain	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	
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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	Starting Salary \$	
Phone Number (      )	Explain	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 received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  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

Street address

City or town, state, and ZIP code

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

Street address 9800 Crosspoint Boulevard, Suite 300

City or town, state, and ZIP code Indianapolis, IN 46256

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

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. The information will be used by the employer to complete the employer's federal tax return.

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.

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:

- Recordkeeping 6 hr., 27 min.
Learning about the law or the form 30 min.
Preparing and sending this form to the SWA 37 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. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

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