SpringDot, Inc.

General Offices 2611 Colerain Ave Cincinnati OH 45214 | Fulfillment Center, 2940 Highland Ave Cincinnati OH 45212

HR@Springdot.com FAX: 513-542-4741

Offices 513-542-4000 www.SpringDot.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please PRINT	Note: A drug/alcohol	screening test is	required prior to employme
osition(s) applied for:			
ast name:	First name:	Middle:	
Address:	City:	State:	Zip code:
1441 (33)		- State:	Lip couci
elephone number(s)			Social security number
ow did you learn about ı	IS? Advertisement Employment Agency		
Other:			
	lication with us before? YES:		NO sent employer? YES NO
Are you legally authorized	to work in the United States? tion status will be required upon emplo	YES NO	,
On what date would you b	e available for work?		
Are you available to work 1 st , 2 nd 3 rd shift work?:	Full time Part tim	ne Tempor	ary
Are you presently on "lay- If yes, please explain:	off" status and subject to recal	II? YES N	10
Do you have a valid Driver	's License? YES NO License number:		Expires:
Are you able to perform th	e essential functions of the job	b with or withou	t accommodation?
	With Accommodation	Without Accom	modation

Employment Experience

1. Employer Address Telephone(s) Reason for leaving:	Dates employed From To Hourly rate/Salary Starting Final	Work Performed:
2. Employer Address Telephone(s) Reason for leaving:	Dates employed From To Hourly rate/Salary Starting Final	Work Performed:
3. Employer Address Telephone(s) Reason for leaving:	Dates employedFromToHourly rate/SalaryStartingFinal	Work Performed:
Special Skills and Qualifications: Summarize special job-related skills and qualifications: ———————————————————————————————————	cations acquired	from employment or other experience.

If you need additional space, please continue on a separate sheet of paper.

Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional	
School Name & Location					
Years Completed	4 5 6 7	9 10 11 12	1 2 3 4	1 2 3 4	
Diploma/Degree	Not applicable				
Describe Course of Study					

rears completed	8		.1 12	1 2 3	
Diploma/Degree	Not applicable				
Describe Course of Study					
If you r	need additional space	e, please col	ntinue d	n a separate sh	eet of paper.
Describe any specialized Training, apprenticeship, skills and extracurricular activities.					
Describe any honors you have received.					
State any additional information you feel may be helpful to us in considering your application.					
	rade, business or civierships which would reveal sex				ndicap or other protected status:
References					
	nd telephone number of th	ree references	who are n	ot related to you and	are not previous employers
2					

Give name, address and telephone number of three references who are not related to you and are not previous employers					
1.					
2.					
3.					

Have you ever had any job related training in the United States Military? YES NO If yes, please describe: **Applicant's Statement** I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation to 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 time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge 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 an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company. 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 that I am required to abide by all rules and regulations of the Employer. I understand that if employment should be offered to me – that my employment is dependent upon

X______ Date ______ Date ______ Signature of Applicant

the results of a required drug and alcohol test to the Employer's satisfaction. If the results are not to

the Employer's satisfaction I may be discharged.

<u>Please continue to Disclosure Document on the following page.</u>

Note: A drug/alcohol screening test is required prior to employment.

SpringDot, Inc. DISCLOSURE – Page 1 of 2

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act. Your investigative report will be prepared by Asurint. Asurint's web address is www.asurint.com.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

In connection with my application for employment or continued employment at SpringDot, 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.

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.

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.

I acknowledge that under provision of 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 report and/or investigative report. I acknowledge that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize, without reservation, any reference, agency, institution, firm, school, employer, or other applicable record source contacted by SpringDot, Inc. or its agent, to furnish the information about me described in this release.

I hereby authorize SpringDot, Inc.'s agent to obtain and prepare a consumer report and/or investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

SpringDot, Inc. DISCLOSURE – Page 2 of 2

Only for those who are applying for a driving position:

DOT Employment Verification: YES NO

OTHERWISE DISREGARD THIS STATEMENT

If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to SpringDot, Inc. (the Company) or their agent. 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.

Full Name:		Date:		
Please print clea	arly			
X				
Signature				
*****THE INFORMATION	ON SUPPLIED BELOW WILL ONLY BE	USED TO REQUEST AND VER	RIFY RECORDS****	
Current Address:				
Maiden Names/Prior Names	s:			
Social Security Number: _		DOB:		
ODOT information:	Driver's License Number:			
	Driver's License State:	Expires on Date:		

DISCLAIMER: THIS AUTHOIZATION IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY.

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A copy of: A Summary of Your Rights Under the Fair Credit Reporting Act is attached to this application on the following pages.

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 that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to www.ftc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

You can find out what is in your file. At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.

You have a right to know your credit score. Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on www.ftc.gov/credit. In some mortgage transactions, you will get credit score information without charge.

You can dispute inaccurate information with the consumer reporting agency. If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to www.ftc.gov/credit.

Inaccurate information must be corrected or deleted. A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

Outdated negative information may not be reported. 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.

A Summary of Your Rights Under the Fair Credit Reporting Act

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Identity theft victims and active duty military personnel have additional rights.

Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit www.ftc.gov/credit.

Your consent is required for reports that are provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers. These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-567-8688.

You may seek damages from violators. If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION: PLEASE CONTACT:

Consumer reporting agencies, creditors and others not listed below

Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board Division of Consumer & Community Affairs 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)

Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929 Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306

Activities subject to the Packers and Stockyards Act,

1921 Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051