

Are you currently using illegal drugs? _____ Yes _____ No

Have you served in the U.S. military? _____ Yes _____ No

If your answer to the last question was "yes," list branches of military service: _____

EDUCATION

High School: _____ Years Completed: ___ 1 ___ 2 ___ 3 ___ 4

College/University: _____ Years Completed: ___ 1 ___ 2 ___ 3 ___ 4

Major: _____ Degree Obtained: _____

Graduate School: _____ Years Completed: ___ 1 ___ 2 ___ 3 ___ 4

Course of Study: _____ Degree Obtained: _____

Other School: _____ Years Completed: ___ 1 ___ 2 ___ 3 ___ 4

Course of Study: _____ Degree Obtained: _____

Are you currently attending school? _____ Yes _____ No

If your answer to the last question was "yes," what courses are you currently taking? _____

SKILLS AND EXPERIENCE

Do you have any special experience, interest, or skills which qualify you for this job? _____

EMPLOYMENT HISTORY

Please fill in all information, starting with your most recent employer. Use the reverse side of this application if you need more space.

Company: _____ Address: _____

Telephone Number: _____ Type of Business: _____

Supervisor: _____ Start date: _____ End date: _____ Salary: _____

Reason for Leaving: _____

Company: _____ Address: _____

Telephone Number: _____ Type of Business: _____

Supervisor: _____ Start date: _____ End date: _____ Salary: _____

Reason for Leaving: _____

Company: _____ Address: _____

Telephone Number: _____ Type of Business: _____

Supervisor: _____ Start date: _____ End date: _____ Salary: _____

Reason for Leaving: _____

Summarize any periods of unemployment not accounted for above: _____

How many days were you absent from work last year? _____

REFERENCES

List 3 professional or business references (not including relatives) who have known you for at least 5 years:

Name	Telephone Number	How Known
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_____	_____	_____
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_____	_____	_____
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Are you currently employed? _____ Yes _____ No

May we contact your current employer? _____ Yes _____ No

APPLICANT'S STATEMENT

I certify that answers made on this Employment Application are true and complete. I understand and agree that any misrepresentation or omission on my application or related papers, or during any interviews, may result in refusal of employment or shall be grounds for immediate dismissal.

In consideration of the Company's review of my employment application, and the Company's agreement to use its binding and mandatory alternative dispute resolution program (called "Ticknors Dispute Resolution Process," or the "TDRP") to resolve covered disputes, I agree to use the TDRP to resolve covered disputes that I may have against the

Company. By signing this Application, in exchange for the Company's consideration of my employment application and the Company's agreement to use the TDRP, I knowingly and voluntarily waive my applicable statutory rights to file a lawsuit against the Company for a covered claim and my constitutional right to a jury trial. I can request a copy of the TDRP prior to signing this Application if I want. (Please contact (216) 839-6300 to request a copy.)

The Company may make an investigation of my history to develop and contact references, and may verify all data given in my application for employment, related papers or oral interviews. I permit the Company to conduct such an investigation and release from liability the Company and/or any person or company providing or refusing to provide such information and any company and individual conducting or assisting in such an investigation. I understand and agree that if I am hired, my employment is at will, is for no definite period, and may be terminated at any time without prior notice and for any reason not contrary to law.

If employed by the Company, I agree to undergo job related medical examinations, including drug and alcohol testing, at any time at the option of the Company. If separated from employment with the Company for any reason, I authorize the Company to furnish any information to employment references and release from liability the Company and/or any person giving or receiving any such information. I further understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form.

I have read, understand and agree to the above.

Signature

Date Signed

NOTICE TO APPLICANT AND EMPLOYEES
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Screening tests for alcohol and illegal drug use may be required post-offer and during your employment.

In consideration of the review by Ticknors Holdings LLC (the "Company") of this Employment Application, and the Company's agreement to utilize the Company's binding and mandatory alternative dispute resolution program called the Ticknors Dispute Resolution Process (the "TDRP") to resolve covered disputes, I agree to use the TDRP to resolve covered disputes that I may have against the Company. By signing this application, in exchange for the Company's consideration of my employment application and the Company's agreement to use the TDRP, I knowingly and voluntarily waive my applicable statutory rights to file a lawsuit against the Company for a covered claim and my constitutional right to a jury trial.

Signature

Date Signed

AUTHORIZATION TO RELEASE INFORMATION

I, _____, having made application with Ticknors Holdings LLC (the "Company"), and desiring that the Company be informed of my personal records pertinent to their investigation, hereby authorize the Company's agents, and any other individual and/or firm, to investigate all records which may be of interest to them. This authorization includes, but is not limited to, references provided and developed and school, employment, motor vehicle, criminal and court records, whether privileged or not. This authorization to furnish information is executed in consideration of my possible employment with the Company and shall serve as a release of all liability to all parties furnishing such information to the Company's authorized agents and the Company, their agents, employees and shareholders. I also understand that information from these reports will not be used in violation of any federal or state equal opportunity law or regulation. A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

Signature

Print Full Name

List addresses for the past 10 years (including county): _____

Social Security Number: _____

Driver's License number: _____

Driver's License State of Issuance: _____

Driver's License County of Issuance: _____

Date: _____

CREDIT CHECK AUTHORIZATION
(Authorization to Release Information)

In making this application for employment with Ticknors Holdings LLC (the "Company"), it is understood that a copy of a consumer report by a credit reporting agency may be obtained. Information from the report will not be used in violation of any federal or state equal opportunity law or regulation.

I, _____, acknowledge receipt of a separate disclosure that a credit report may be obtained, and I hereby authorize a copy of my credit report from a consumer reporting agency to be released to the Company.

Signature

Print Full Name

Date Signed

FAIR CREDIT ACT DISCLOSURE FORM
(Important Notice: Credit Check Required)

Pursuant to the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.), in making this application for employment, it is understood that a copy of a consumer report, also known as a credit report, prepared by a consumer reporting agency may be obtained as a part of a routine background check.

Information from the report will not be used in violation of any federal or state equal opportunity law or regulation.

Before taking any adverse employment action based on the credit report, including denying employment, the Company will provide to you, without a charge, a copy of the report and a written summary of consumer rights under the Fair Credit Reporting Act.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CA to take action against you -- such as denying an application for credit insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other businesses.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer,

or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offer must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

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

For questions or concerns regarding...:

CRA's, creditors and others not listed below

Please contact...:

Federal Trade Commission
Consumer Response Center-FCRA
Washington, DC 20580
202-326-3761

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

