

**DL Roope
Administrations Inc.**

P.O. Box 631
Hampden, ME 04444-0631
1-888-375-2020
Fax-207-848-5511
www.dlroope.com

Thank you for your interest in applying for a position as a State Board Examiner.

We are currently considering applications from licensed individuals who would like to be considered for a position as an NIC State Board Examiner. Interested applicants must meet all of the Examiner Qualifications and Requirements in order to be considered for a position.

Selected applicants will be required to complete the National Interstate Council of State Boards of Cosmetology (NIC) Examiner training session. Upon successful completion of the training session, you will be nationally certified as an NIC Examiner.

Attached you will find an employment application and other required information. In addition to the attached paperwork we will also need Employment Eligibility Verification which requires a photocopy of your drivers license and your social security card.

Please feel free to contact our office with any questions that you may have.

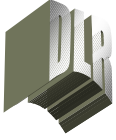
Sincerely,

Deborah L. Roope

Deborah L. Roope
DL Roope Administrations Inc.

Examiner Qualifications and Requirements

- **Applicants must complete and return the following information:**
 1. **Employment Application**
 2. **References and 2 Letters of Recommendation.**
 3. **Personal Inquiry Waiver.**
 4. **Covenant Not To Compete and Nondisclosure Agreement.**
 5. **Employee Drug Testing Consent Form.**
- **Cannot be affiliated with schools or teaching in any way for students preparing to take state board examinations.**
- **Cannot work for a manufacturer or beauty supply teaching product lines.**
- **Examiners must be certified as required by NIC.**
- **Examiners must dress and handle themselves in a professional manner at all times.**
- **Examiners cannot be guest speakers at schools.**
- **Examiners cannot visit schools.**
- **Examiners cannot grade any candidates that they know either personally or professionally or have had any contact with.**



DL Roope
Administrations Inc.
 P.O. Box 631
 Hampden, ME 04444-0631
 1-888-375-2020
 Fax-207-848-5511
 www.dlroope.com

Employment Application

Applicant Instructions

Date:

If you need help filing out this application form or during any phase of the employment process, please notify the person that gave you this form. Every effort will be made to accommodate your needs in a reasonable amount of time.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or if discovered after employment may result in terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job you may be required to complete a medical history form and you may be required to be examined by a medical professional designated by the company.

General Applicant Information

Last Name:	First Name:	Date of Birth:
S.S. #	Home Phone:	Work Phone:
Street Address:		E-mail Address:
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:
Applicant Note:		
Position desired:		
What date can you start?	What is your preference?	Full time <input type="checkbox"/> Part time <input type="checkbox"/>

Employment Reference Instructions

Important – read carefully: Your application will not be considered unless every question on the following pages are answered. List employers beginning with the current or most recent employer. Since we will make every effort to contact previous employers, the correct telephone numbers and complete addresses of past employers are critical.

Employer:	From:	To:	Supervisor:
Address:	City:	State:	Zip:
Title:	Starting Salary:	Ending Salary:	Telephone:
Work Performed:			
Reason for leaving:			

Employer:	From:	To:	Supervisor:
Address:	City:	State:	Zip:
Title:	Starting Salary:	Ending Salary:	Telephone:
Work Performed:			
Reason for leaving:			

Employer:	From:	To:	Supervisor:
Address:	City:	State:	Zip:
Title:	Starting Salary:	Ending Salary:	Telephone:
Work Performed:			
Reason for leaving:			

Employer:	From:	To:	Supervisor:
Address:	City:	State:	Zip:
Title:	Starting Salary:	Ending Salary:	Telephone:
Work Performed:			
Reason for leaving:			

Have you ever been dismissed or forced to resign from any employment? Yes No

If yes, please explain:

Education

High School:	City:	State:	Zip:
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Starting Date:	Ending Date:
College Name:	City:	State:	Zip:
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Starting Date:	Ending Date:
Higher Education:	School Name:	City:	State:
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Starting Date:	Ending Date:

Security

Name the state and counties of residence for the last five years:		
States:	Counties:	
Have you used any other names (including maiden names or names from previous marriage(s) or Social Security Numbers? Please list below. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other Names Used:	Other Social Security Numbers Used:	
Have you ever been found guilty or plead guilty to a crime: If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Description:		
Job-Related Skills and Qualifications:		
List languages in which you are fluent:		
Drivers license number:	State:	Restrictions:
Please list all licenses held in Cosmetology and Related Fields.		
Instructor:	License or Certification #	
Cosmetology:	License or Certification #	
Nail Technician:	License or Certification #	
Esthetician:	License or Certification #	
Barber or Barber Stylist:	License or Certification #	

Personal References:

List the following information for references of individuals who are not related to you but who are familiar with you.		
Name:		
Address:		
Phone #	Number of years known:	Relationship:
Name:		
Address:		
Phone #	Number of years known:	Relationship:

Comments:

Certification and Release:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by e are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, criminal history and concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for nay damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Applicant Signature:

Date:



**DL Roope
Administrations Inc.**
P .O. Box 631
Hampden, ME 04444-0631
1-888-375-2020
Fax-207-848-5511
www.dlroope.com

Personal Inquiry Waiver

Authorization for Release of Information

I, _____, presently residing at _____ have applied for employment, am employed, or am a private contractor by DL Roope Administrations Inc. I have been advised and am fully aware that a representative of this Company will be conducting a thorough investigation of my background to assist in determining my suitability for employment or continued employment. I realize that, in conducting this background investigation, an official representative will be making inquiries of officials and record offices at schools that I have attended, police agencies or courts where I may have a conviction record, credit bureaus and/or firms that may have information regarding my credit record and/or financial standing, present and previous employers, and any other persons who may be able to provide information about or any other records or information pertaining to which this Company may desire.

I hereby give permission and waive all provisions of law forbidding any physician or other person who has attended me, or any other school official, court, police agency, credit bureau, employer, firm or person or any other agency, record, or information, from disclosing any knowledge or information they have concerning me, which is requested or desired by this Company. I further consent and request that this Company, or its representative, be provided with a copy of any such record concerning me, which they may desire.

I also recognize that if I am hired by the above specified Company or any of its subsidiaries, from time to time, they may conduct internal investigations or update background investigation. This consent/waiver shall remain valid, and all authorizations specified herein for the release of information shall remain confidential sources and information obtained there from.

State of _____;

County of _____;

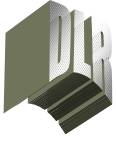
The foregoing instrument was acknowledged before me this _____ day of _____, _____(year) by the below signed, who has produced a _____ as identification and who did or did not take an oath.

Signature of Applicant or Employee

Date

Notary Public or Witness

Date



DL Roope
Administrations Inc.
 P.O. Box 631
 Hampden, ME 04444-0631
 1-888-375-2020
 Fax-207-848-5511
 www.dlroope.com

Employee Drug Testing Consent Agreement

I understand that submission to testing for the presence of drugs and alcohol is a condition of employment with this Employer. I further understand that (1) if I refuse to take the test(s), (2) if I refuse to authorize release of the test results to Employer, or (3) if the test(s) establish a violation of this Employer's policies concerning drug and alcohol use, ordinary action up to and including discharge may result.

By placing my initials in the blanks below, and by signing this form, I consent to take the test(s) and authorize release of test results to this Employer. I understand that I may be placed on temporary leave of absence pending results of said test(s). I understand that should my test(s) results be confirmed positive, I will be subject to disciplinary action up to and including discharge.

By signing this form, I hereby release to this Employer the results of the test(s) to which I have consented. I further authorize this Employer to discuss the results with medical personnel/physician collecting the specimen, the testing company, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results as a defense to any legal action to which I am a party.

I further release any testing facility or any physicians who have tested me from any liability arising from the release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Employer officials.

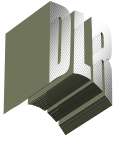
I agree to take the following test(s) and to have the results released to this Employer.

1. Blood test _____ (Initials) _____
2. Urinalysis _____ (Initials) _____

Applicant's Signature: _____ Date: _____
 Applicant's Social Security No.: _____
 Witness's Signature: _____ Date: _____

I hereby refuse the drug detection urine test.

Applicant's Signature: _____ Date: _____
 Applicant's Social Security No.: _____
 Witness's Signature: _____ Date: _____



DL Roope
Administrations Inc.
P.O. Box 631
Hampden, ME 04444-0631
1-888-375-2020
Fax-207-848-5511
www.dlroope.com

Covenant Not To Compete and Nondisclosure Agreement

This covenant Not To Compete and Nondisclosure Agreement is made this _____ day of _____, in the year _____ by and between DL Roope Administrations Inc. (the employer) and _____ (the Employee).

In consideration of the continued employment of Employee and other valuable consideration, the sufficiency of which is acknowledged, the parties agree as follows:

1. Covenant Not To Compete

For a period of two (2) years after termination of employment from Employer for any reason, Employee agrees that he/she will not directly or indirectly own, operate, establish or open, or have any majority interest in any firm, corporation, or business entity that engages in any activity in the states in which Employer operates, which activity is the same as, similar to, or competitive with the business conducted by Employer. For purpose of this Agreement, the business conducted by Employer is defined as the development and administration of examinations for licensure and/or certification. In the event that this covenant shall be determined by a court of competent jurisdiction to be unenforceable for any reason, the parties agree that this covenant shall be interpreted to provide the broadest protection allowed by law.

2. Related Employment Prohibition

For a period of two (2) years after termination of employment from the Employer for any reason, Employee agrees that he/she will not directly or indirectly own, operate, establish or open, or have any majority interest in any firm, corporation, or business entity that provides instruction or training of any type or form to candidates preparing to take examinations administered in any state by DL Roope Administrations Inc.

In addition, Employee agrees not to accept employment from any firm, corporation or business entity that provides instruction or training of any type or form to candidates preparing to take examinations administered in any state by DL Roope Administrations Inc.

Covenant Not To Compete and Nondisclosure Agreement Continued

3. Nondisclosure Of Information

Employee agrees that he/she will not, directly or indirectly, during or after the term of employment, give to any person not expressly authorized by Employer to receive it or use any of Employer's answer sheets, test questions, item banks, task surveys, proposals, responses, financial data, mailing lists, reports, written technical information, marketing plans, or the like owned by or under the care of Employer, or any copy thereof. Employee further agrees that he/she will keep informed of Employer's policies and procedures for safeguarding Employer's property, including proprietary data and information, and will strictly comply with those policies and procedures at all times. Employee will return to Employer, immediately upon termination of employment for any reason, all of Employer's property in Employee's possession or control.

4. Governing Law

The validity, construction, enforcement and interpretation of the Agreement shall be governed by the laws of the State of Maine. In the event of a breach of this Agreement by Employee, Employer shall be entitled to all damages associated with such breach as well as all costs of any litigation that results including, but not limited to, reasonable attorneys' fees.

5. Nature of Agreement

The parties agree that this Agreement is not intended to establish an employment contract of a definite duration and acknowledge that Employee's employment is terminable at will.

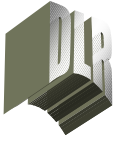
IN WITNESS WHEREOF, the parties acknowledge that they have entered into this Agreement knowingly and voluntarily and agree to abide by the terms and conditions set forth above.

Employee

DL Roope Administrations Inc.

Date Signed

Title



**DL Roope
Administrations Inc.**

P.O. Box 631
Hampden, ME 04444-0631
1-888-375-2020
Fax-207-848-5511
www.dlroope.com

EMERGENCY CONTACT INFORMATION

NAME OF EMPLOYEE _____
(Please print)

DATE OF BIRTH _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT RELATIONSHIP _____

EMERGENCY CONTACT EMPLOYER _____

WORK PHONE # _____ HOME PHONE # _____

2nd CONTACT IN CASE OF EMERGENCY _____

2nd EMERGENCY CONTACT PHONE # _____

- If there is a specific doctor you would like us to notify in case of emergency, please provide the following:

DOCTOR'S NAME _____ PHONE # _____