



P.O. Box 631
Hampden, ME 04444
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.

DL Roope Administrations Inc. is now taking applications from licensed individuals who would like to be considered for a position as a National Interstate Council of State Boards of Cosmetology (NIC) State Board Examiner. Interested applicants must meet the following requirements in order to be considered for a position. This is a part time position that will not conflict with your salon schedule.

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.

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 meet all of the following criteria to be considered for an examiner position:

- 1. Applicants must complete and return the following employment application.**
- 2. Minimum of 3 continuous years of experience.**
- 3. Cannot be affiliated with schools or teaching in any way for students preparing to take state board examinations.**
- 4. Cannot work for a manufacturer or beauty supply.**
- 5. Examiners must be certified as required by NIC.**
- 6. Examiners must dress and handle themselves in a professional manner at all times.**
- 7. Examiners cannot visit or be guest speakers at schools.**
- 8. Examiners cannot grade any candidates that they know either personally or professionally or have had any contact with.**

Interested applicants meeting all of the above criteria may submit this employment application. Additional information will be required upon offer of employment.



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Employment Information and Application

Applicant Instructions

Date: _____

If you need help completing or filling out this application form or during any phase of the employment process, please notify DL Roope Administrations Inc. 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 may be required prior to employment.

General Applicant Information

| | | |
|--------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name: | First Name: | Middle Name: |
| S.S. # Requested upon offer of employment. | Date of Birth: | |
| Home Phone: | Work Phone: | Cell Phone: |
| E-mail Address: | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Position desired: | | |
| Applicant Note: | | |
| What date can you start? | What days of the week are you available to work as an examiner? | Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> |



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Employment Reference Instructions

Important – read carefully: 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.

**Have you worked or are you currently working as a state board examiner?
 If applicable, please complete the following:**

| | | | |
|-----------------|------------------|----------------|-------------|
| Employer: | From: | To: | Supervisor: |
| Address: | City: | State: | Zip: |
| Title: | Starting Salary: | Ending Salary: | Telephone: |
| Work Performed: | | | |

Please complete the following to indicate your current employment:

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

Please complete the following to indicate your previous employment:

| | | | |
|---------------------|------------------|----------------|-------------|
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please explain: |



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Education

| | | | |
|--------------------------|----------------------------------------------------------|----------------|--------------|
| High School: | City: | State: | Zip: |
| Did you graduate? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Date: | Ending Date: |
| Cosmetology School 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

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 pled 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 # |
| Electrology: License or Certification # |
| PLEASE INCLUDE PHOTOCOPY OF PROFESSIONAL LICENSE OR CERTIFICATION. |

Certification and Release:

I certify that I have read and understand the information requested on this employment application and that the answers given by me 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.

| | |
|-----------------------------|--------------|
| Applicant Signature: | Date: |
|-----------------------------|--------------|



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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 Printed Name: _____
Witness' Signature: _____ Date: _____

I hereby refuse the drug detection urine and/or blood test.

Applicant's Signature: _____ Date: _____
Applicant's Printed Name: _____
Witness' Signature: _____ Date: _____



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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 employment or continued employment of Employee, the parties agree as follows:

1. Covenant Not To Compete and Related Employment Prohibition

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 any state 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 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.

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.

2. Nondisclosure Of Information

Employee agrees that he/she will not, directly or indirectly, during or after the term of employment, disclose or provide to anyone any information or documents pertaining to the preparation, testing, and/or grading services for the National Testing Program of the National Interstate Council of State Boards of Cosmetology. Additionally, employee agrees that he/she will not disclose or provide to anyone any information or documents owned or developed by Employer including, but not limited to proposals, responses, financial data, mailing lists, reports, written technical information, marketing plans, or the like owned by or under the care of Employer. 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.

3. 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.

4. 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 Signature

 DL Roope Administrations Inc.

 Employee Printed Name

 Date Signed