Employment A	pplication		An	Equal Op	portı	unity E	mployer		Mazzio's Corporation		
Date N	lame (Last, Firs	t, Middle)	Social Security Number								
Address (Street, City, Sta	Telephone No.										
Position Desired: ☐ Cool ☐ Dishwasher ☐ Host			ery Driver	Words or Ad	Words per minute? (If applying for Call Center or Administrative Position)						
When Are ☐ Mon You Available From: _ To Work To:	nday 🗆 Tue	esday 🗆 Wedn	,	☐ Thursday From: To:		Friday n:	☐ Saturday From: To:	☐ Sunday From: To:	# of Hours a Week You Wish To Work		
Have You Been Employed ☐ Yes ☐ No	'? A	Age If Under 18			-	Minimum Pay	Minimum Pay Rate Expected				
Have You Ever Pleaded G □ Yes □ No	Guilty Or Been C	onvicted Of A Crin	ne Excl	uding Minor Tra	affic Vio	lations? (I	f Yes, Explain)				
If hired, can you provide ☐ Yes ☐ No	adequate docu	mentation confirm	ing you	ur authorization	to worl	k in the Ur	nited States?				
References		List Two Professi Relatives:	vious Work Expe	rience, Please L	ist Personal References Other Than						
Name				Phone					Years Known		
Name	Name Phone				F	Relationship			Years Known		
Please List The Names Of	f Mazzio's Emplo	yees With Whom	You Ar	e Acquainted C	r Relate	ed		<u> </u>			
Referral Source	Referral Source Newspaper (Specify					☐ Non-Employee Referral			☐ Employee Referral (Specify):		
□ Walk In □ College (Spe			fy):			☐ Employment Agency (Specify):			☐ Other (Specify):		
Experience	ace you	ı may give more	complete	and detaile	ed information on a	dditional sheets. A	t 5 employers, whichever is greater. If you do Accuracy of dates and addresses is essential. ur previous employment references.				
Company Name				Type of Business			Job Title a	Job Title and Summary of Your Work			
Address			Phone Number								
Date Started	Date Left	Date Left		Earnings – Start							
Supervisor Name and Tit			1		Reason Fo	Reason For Leaving					
Company Name				Type of Business			Job Title a	Job Title and Summary of Your Work			
Address				Phone Numbe	er						
Date Started	Date Left		Earni	nings – Start Fina							
Supervisor Name and Tit	le				1		Reason Fo	r Leaving			
Company Name Type of					pe of Business			nd Summary of	Your Work		
Address				Phone Number							
Date Started	ate Started Date Left Ea			ings – Start	Final						
Supervisor Name and Title								r Leaving			

Experience Continu	ued											
Company Name	Туре о	f Busin	ess	Job Title and Summary of Your Work								
Address												
Date Started	Date Left			tart	Final							
Supervisor Name and Title			Reason For Leaving									
Company Name			Job Title and Summary of Your Work									
Address												
Date Started	Date Left	Earnings – St	tart	Final	1							
Supervisor Name and Title			Reason For Leaving									
Experience and Training Please provide information about yourself which might be helpful in our review of this application. (DO NOT include information regarding your age, sex, race, national origin, religion and/or disabilities.)												
age, sex, race, hational origin, religion and/or disabilities.)												
List All Schools Attended	N	ame and Addı	ress of School			Graduated Yes/No Type of Degree or Highest Grade Completed						
	A mote	or vohiclo record	d (M)/D) will be e	htained	for all applicants conside	ered for positions requiring drivi	ing. Applicant must me	ot all MVP ro	quiromente			
Only Complete if App for a Driving Position	as dire	cted by our insu	urance carrier. A	Applicant	must be able to provide	e insurance verification for his/h lty plea or been convicted of ar	ner vehicle. An individu	al cannot be	employed as			
Leaving the scene of an acci			☐ Yes	□ No			☐ Yes	□ No				
Careless/Reckless Driving			☐ Yes	□ No		olving a motor vehicle	☐ Yes	□ No				
Driving while impaired (DWI			☐ Yes	□ No		the influence (DUI)	☐ Yes	□ No				
Eluding or attempting to elude an officer Can you provide insurance verification for your vehicle?				□ No	Any license su	spensions	□ No					
Can you provide insurance v	erification for yo	ur venicie?						☐ Yes	□ No			
I understand this application will remain effective for 30 days. I have the right to request a reasonable accommodation, if needed, to complete the application and selection process.												
I do hereby agree that any former employer or reference may release any information to Mazzio's Corporation regarding my work performance, character, general reputation and personal traits. I release from liability and agree to hold said former employer/reference(s) and Mazzio's Corporation harmless from seeking and/or receiving any information provided.												
I declare that I am physically able with or without accommodations to steadily perform all duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions would justify my dismissal, rejection or termination. I understand that, if hired, my employment will be at-will, for no fixed time and may be terminated with or without cause by myself or Mazzio's Corporation at any time. I understand that at no time may any employee of the Mazzio's Corporation bind my employment by oral or written statement. Should I become involved in a claim for Worker's Compensation, or any other litigation, I will allow Mazzio's Corporation to supply my employment records to the appropriate party. I have read the above conditions of employment. I understand them and agree to be bound by them while employed at Mazzio's Corporation.												
Applicant's Signature							Date					