

Experience Continued

Company Name		Type of Business		Job Title and Summary of Your Work	
Address		Phone Number			
Date Started	Date Left	Earnings - Start	Final		
Supervisor Name and Title				Reason For Leaving	

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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.)

List All Schools Attended	Name and Address of School	Graduated Yes/No	Type of Degree or Highest Grade Completed

Only Complete if Applying for a Driving Position

A motor vehicle record (MVR) will be obtained for all applicants considered for positions requiring driving. Applicant must meet all MVR requirements as directed by our insurance carrier. Applicant must be able to provide insurance verification for his/her vehicle. An individual cannot be employed as a driver or manager if in the last 36 months he/she have entered a guilty plea or been convicted of any of the following but not limited to:

Leaving the scene of an accident	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Substance Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Careless/Reckless Driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any felony involving a motor vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driving while impaired (DWI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driving under the influence (DUI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eluding or attempting to elude an officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any license suspensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide insurance verification for your vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> 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
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