

**Optimize
the
Opportunities
with**



EMPLOYMENT APPLICATION

**Human Resources Department
607.352.2800**

Optimize the Opportunities available through the Employee Benefit Package at



Insurance

Health

- 2-month waiting period and an annual open enrollment available.
- Employees have a choice regarding what plan is best for their needs.
- Single, 2-person or family coverage.
- Employee contributions are pre-tax.

Dental

- 2-month waiting period and an annual open enrollment available.
- Single or family coverage.
- Employee contributions are pre-tax.

Group Term Life

- 2-month waiting period.
- Affordable rates for employees, their spouse and children.

Vision

- 2-month waiting period and an annual open enrollment available.
- Single or family coverage.
- Employee contributions are pre-tax.
- Discounts available to all employees and their families at various eye-care providers.

401(k) Plan

- Eligible the first quarter following the anniversary date for qualified employees.
- Company matches 50% up to 6% of your deferral (maximum match 3%).
- Maximum deferral is 20% of your gross per pay period, annual maximum is \$16,000.
- "Catch-up" option is available to qualified employees.
- Fully vested after two years.
- 401(k) STADION is available.

Flexible Spending Plan*

- 2-month waiting period and an annual open enrollment available.
- Pre-tax deferrals to pay eligible expenses.

Paid Time Off

- Paid Holidays.
- Vacation time - based on years of service.
- Personal/Sick time.

Employee Discounts

- Discounts are available on petroleum products purchased from Mirabito, gasoline purchased at a convenience store and homeowners and automobile insurance purchased through Workplace Marketing.
- Discounts available on Defensive Driving Course.

Reward & Recognition Programs

- Years of service awards.
- College and High School graduates gifts.
- Wedding gifts.
- Gifts for the birth of a baby.

Training and Development

- Comprehensive courses are available at the Training Center.

Miscellaneous

- Payroll Direct Deposit.
- Employee Electronic Bulletin Board.
- Payroll deduct on Insurance and Petroleum products.
- Fun, Family and Fellowship Program.
- "Bring Your Kid To Work" Day.
- Employment Opportunity Postings.
- Annual Performance Evaluations.

APPLICATION FOR EMPLOYMENT

MCF 20

COMPANY Mirabito Energy Products
 ADDRESS P.O. Box 5306, Binghamton, NY 13902

The Company does not discriminate on the basis of race, color, religion, creed, national origin, sex or ancestry, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.
 This application will be given every consideration, but its receipt does not imply that the applicant will be accepted.

Date _____

NAME _____ DATE OF BIRTH _____ S.S. NO. _____
 ADDRESS _____ LENGTH OF RESIDENCE _____ PHONE _____
 CITY _____ STATE _____ ZIP CODE _____
 (If length of residence is less than 3 years, list all previous addresses for past 3 years.)

In case of emergency, notify: _____
 Name Address Phone

HISTORY OF EMPLOYMENT

DOT regulations require that commercial motor vehicle operators applying for employment must provide at least ten years prior employment history. (Use additional sheets if necessary)

Dates		former Employer	Type of Business	Your Position	Rate of Pay
From	Name	Phone			
To	Address				
Reason for leaving			Reference request mailed		
From	Name	Phone			
To	Address				
Reason for leaving			Reference request mailed		
From	Name	Phone			
To	Address				
Reason for leaving			Reference request mailed		
From	Name	Phone			
To	Address				
Reason for leaving			Reference request mailed		

AUTO AND / OR CHAUFFEUR'S LICENSES

DOT Regulations specify that it shall be illegal for a commercial motor vehicle operator to have more than one driver's license. Exception until Dec. 31, 1989 if state law requires. (You must list **ALL LICENSES** held by you within the past 3 years.)

License No. _____ State _____ Expiration Date _____
 License No. _____ State _____ Expiration Date _____

LICENSE REVOCATION, SUSPENSION, CANCELLATION

DOT Regulations require commercial motor vehicle operators to notify their employers if their driver's license has been suspended, revoked or cancelled, or if they are disqualified.

Has your privilege to operate a motor vehicle ever been suspended, revoked, withdrawn or denied? Yes No

If yes, explain in detail _____

EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	APPROX. MILES

List the states you have driven in regularly.

TRAFFIC VIOLATION CONVICTIONS

DOT Regulations require commercial motor vehicle operators to report convictions of state violations to their state licensure and to their employers. List all traffic violations, other than parking, within the past three years.

ACCIDENTS

List all motor vehicle accidents, chargeable or non-chargeable, in which you were involved within the past three years.

DATE	CHARGE	TOWN & STATE	TYPE OF ACCIDENT	PERSONAL INJURIES	FATALITIES

CONVICTION INVOLVING USE OF MOTOR VEHICLE

Have you ever been convicted of, or forfeited bond or collateral for any of the following charges?

- | | | |
|---|------------------------------|-----------------------------|
| 1. A felony committed after December 31, 1970, and involving the use of a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. A crime, committed after December 31, 1970, involving the manufacturing, knowing transportation, knowing possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a Derivative of a narcotic drug? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Operating a motor vehicle, after December 31, 1970, under the influence of alcohol, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Leaving the scene of an accident after December 31, 1970, if the accident resulted in personal injury or death? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any other motor vehicle law violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is YES, explain in detail, giving dates, etc. _____

AGREEMENT

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liabilities for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It is agreed and understood that if hired, employment is for no definite period and is terminable at will. No company policy or procedure shall be deemed to vest any right with any employee to create any guarantee of employment for any period of time, or to create or contribute in any way to a legal cause for action against the Company.

THIS CERTIFIES THAT THE APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date _____ Applicant's Signature _____

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through a personal interview with you and / or with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. Upon written request, within a reasonable period of time, a complete disclosure concerning the nature and scope of the investigation will be furnished you.

Such reports are a part of our routine procedures and you can be assured your application will be processed just as quickly as possible.

I HAVE READ THE ABOVE FAIR CREDIT REPORTING ACT-PRENOTIFICATION AND UNDERSTAND THE SAME.

Date _____ Applicant's Signature _____



Background Check Release Form

(10/11)

PLEASE TYPE OR PRINT

I, _____, _____, _____
LAST NAME FIRST NAME MIDDLE NAME
(PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, Mirabito Holdings, Inc. (and its' subsidiaries and affiliates) may use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to, Mirabito Holdings, Inc. Mirabito Holdings, Inc. will use Evolution Consulting LLC as an agent to perform its employment related background investigations.

Evolution Consulting LLC may utilize various sources of information it deems appropriate including but not limited to, credit reporting agencies, Workers Compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to, Mirabito Holdings, Inc. and Evolution Consulting LLC.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to: Mirabito Holdings, Inc.

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby release, Mirabito Holdings Inc., its' subsidiaries and affiliates, Evolution Consulting LLC, its agents and all persons, agencies and entities providing information or reports about me from any liability arising out of the request for or release of any of the above mentioned information or reports. This disclosure further serves as a request that any present or former employer, police department, educational or financial institution or other person having personal knowledge about me to furnish Evolution Consulting LLC and its affiliates or representative any and all information in their possession regarding me in connection with my application for employment. A photocopy/facsimile of this authorization may be accepted with the same authority as the original and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

Sign Your Name

Today's Date

Print Your Name

Maiden Name (If Applicable)

Social Security Number

Driver's License #

State

_____/_____/_____
Date of Birth (dd/mm/yyyy)

Other name(s) you have used or are also known as: _____



The Metrocenter
49 Court Street
P.O. Box 5306
Binghamton, New York 13902

Date: _____

Your name: _____

What job are you applying for? _____

How did you learn about this job? _____

Personal References

Name: _____

Contact number: _____

Contact number: _____

Name: _____

Contact number: _____

Contact number: _____

Name: _____

Contact number: _____

Contact number: _____