

EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	APPROX. MILES

List the states you have driven in regularly.

TRAFFIC VIOLATION CONVICTIONS			ACCIDENTS		
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.			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? Yes 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? Yes 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? Yes No
 4. Leaving the scene of an accident after December 31, 1970, if the accident resulted in personal injury or death? Yes No
 5. Any other motor vehicle law violations? Yes 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 _____

Optimize
the
Opportunities
with



EMPLOYMENT APPLICATION

Operations



Optimize the Opportunities available through the Employee Benefit Package at Mirabito.

Insurance**

Health*

- ⇒ Available after waiting period and during annual open enrollment.
- ⇒ High Deductible Health Plans are offered.
- ⇒ Single, 2-person or family coverage.
- ⇒ Employee contributions are pre-tax.

Dental*

- ⇒ Available after waiting period and during annual open enrollment.
- ⇒ Single or family coverage.
- ⇒ Employee contributions are pre-tax.

Group Term Life*

- ⇒ Available after waiting period and during annual open enrollment.
- ⇒ Affordable rates for employees, their spouse and children.

Vision*

- ⇒ Available after waiting period and during annual open enrollment.
- ⇒ Single or family coverage.
- ⇒ Employee contributions are pre-tax.
- ⇒ Discounts available at various eye-care providers.

401(k) Plan**

- ⇒ Eligible the first month after the 60 - day waiting period to eligible employees.
- ⇒ Company matches 50% up to 6% of your deferral (maximum match 3%).
- ⇒ "Catch-up" option is available to qualified employees.
- ⇒ Fully vested after two years of service.
- ⇒ Rollover options available.
- ⇒ Loan provision is available.

Paid Time Off*

- ⇒ Paid Holidays.
- ⇒ Vacation time - based on years of service.
- ⇒ Sick time. (Per State Requirements)

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 Insurance Programs.
- ⇒ 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.

Miscellaneous

- ⇒ Employee Electronic Bulletin Board.
- ⇒ Payroll deduct on Insurance and Petroleum products.
- ⇒ Work-Life Programs.
- ⇒ Employment Opportunity Postings.
- ⇒ Annual Performance Evaluations.*
- ⇒ Payroll Direct Deposit and/or Pay Card.
- ⇒ Educational Assistance
- ⇒ Comprehensive courses are available at the Training Center.

* eligible employees

** Mirabito reserves the right to modify without previous notice.

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 _____ Email _____
 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
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 _____

DETACH AND RETURN COMPLETED APPLICATION