APPLICATION FOR EMPLOYMENT

Milio's is an equal opportunity employer.

(Please type or print, and answer all questions.)

PERSONAL INFORMATION

Date:

| First Name: Middle: Address: City: State: | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| City: State: | | | | | |
| | | | | | |
| Zip: Phone Number: | | | | | |
| Are you 18 years old or older? Yes No | | | | | |
| If No, Date of Birth: | | | | | |
| Where did you hear about us? □ Paper □ Friend □ TV Radio □ Internet: Milio's Employee Who? | | | | | |
| Why do you want to work for us? | | | | | |
| EMPLOYMENT DESIRED Position: | | | | | |
| Date you can start: | | | | | |
| Ever applied to this company before? | | | | | |
| If so, when? | | | | | |
| AVAILABILITY FOR WORK | | | | | |
| Number of hours per week you want to work? | | | | | |
| Circle the days of the week you are available to work and indicate the hours of the day that you are available to work in the spaces provided. Mon Tue | | | | | |
| Wed Thu Fri | | | | | |
| Sat Sun | | | | | |
| REFERENCES (Work-related references preferred) | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Telephone Number: | | | | | |
| Business: | | | | | |
| Years Acquainted: | | | | | |
| Years Acquainted: | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Telephone Number: | | | | | |
| Business: | | | | | |
| Years Acquainted: | | | | | |
| EDUCATION AND TRAINING (This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration | | | | | |
| High School: | | | | | |
| Name: | | | | | |
| Location: Years Attended: Graduate? Yes No | | | | | |
| College or Trade School: Name: | | | | | |
| Location: | | | | | |
| Years Attended: Major(s): | | | | | |
| Years Attended: Graduate? Yes No | | | | | |
| Describe any other training you consider relevant to the position for which you are applying: | | | | | |

WORK EXPERIENCE/FORMER EMPLOYERS **Employer:** Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary To (date): From (date): Are you employed now? _Yes ____No If so, may we Address: inquire of your present employer? ____Yes ____No Supervisor's Name & Title: **Employer:** To (date): From (date): Job Title: Telephone #: Address: Starting/Ending Pay Rate: \$ Supervisor's Name & Title: **Primary Responsibilities:** Reason for Leaving: Job Title: Telephone #: Starting/Ending Pay Rate: \$ Employer: Primary Responsibilities: To (date): From (date): Reason for Leaving: Address: ______ Supervisor's Name & Title: Employer: From (date): To (date): Job Title: Telephone #: Address: Starting/Ending Pay Rate: \$ Supervisor's Name & Title: **Primary Responsibilities:** Reason for Leaving: Job Title: Telephone #: Starting/Ending Pay Rate: \$ Do you currently have any pending charges against you, or have you ever been convicted of, pleaded guilty or no contest to, been Primary Responsibilities: placed on probation, fined, imprisoned or incarcerated, or paroled for any offense, other than minor traffic violations? __No I understand that any false or misleading statements by me, Reason for Leaving: or material omissions ofi information requested of ime, may result in rejection of imy application or, if employed, my immediate dismissal. If your answer is yes, $\ \ \$ please explain the circumstances for each charge or offense. (Note: A pending charge or conviction will not automatically ba you from employment.) **SEEKING A DRIVER POSITION?** AUTHORIZATION, RELEASE, & CERTIFICATION (Please answer the following questions if you are interested in a driver position.) I certify that all information on this application is true, complete, and correct Do you have a valid driver's license? Yes____ No_ result in rejection of my application or, if employed, my immediatdismissal.

| | What type of | car do you owr | n? |
|---|---|---|--|
| | Year: | Make: | Model: |
| | Driver's Licen | se #: | |
| | State: | | |
| | Insurance Co: | | |
| | Policy #: | | |
| | Eff. Date: | | |
| | Exp. Date: | | |
| | State: | | |
| | | | |
| , | ment as a deliver cated, reckless di | I check will be cond y driver for Milio's. | lucted to verify eligibility for emplo- A conviction for driving while intoxi- ing related offenses may disqualify yo er. |

List below all traffic violations within the last three (3) years, excluding parking violations. Include date, violation and penalty.

| - | | | |
|---|--|--|--|
| | | | |
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| | | | |

to the best of my knowledge. I undestand that any false or misleading statements by me, or material omissions ofi nformation requested of me, may

I hereby give permission to the employer to seek to verify and splementthe information set forth in the application. I releas from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revokedby the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that this application will be considered inactive after 30 days.

I certify I have read (or have had read to me) and understand this athorization, release, and certification.

| Dated: | |
|------------------------|--|
| Applicant's Signature: | |
| Applicant's signature. | |

NOW WHAT?

Submit your application! You can do one of the following:

1. APPLY on-line.

Print Name:

- 2. RETURN application to a store near you.
- 3. CUT on the dotted line above and fax it to (608)662-3001

