PRE-EMPLOYMENT QUESTIONNAIRE

Administrative Offices
4904 DOUGLAS AVENUE
RACINE, WISCONSIN 53402
262.639.2040 FAX: 262.639.1855
www.milaegers.com
EQUAL OPPORTUNITY EMPLOYER

DATE: \_\_\_\_\_

| PRINT YOUR LEGAL NAME INCLUDI   | NG MIDDLE NAM                         | ΛE            |  |              |                                   |  |  |
|---|---------------------------------------|---------------|--|--------------|-----------------------------------|--|--|
| LAST NAME:  | FIRST NAME:                           |               | MIDD   | MIDDLE NAME: |                                   |  |  |
| Please tell us what brought you to Milaeger's today   | L y and why you would li              | ike to work v | vith us.   |              |                                   |  |  |
|   |                                       |               |  |              |                                   |  |  |
|   |                                       |               |  |              |                                   |  |  |
| DESIRED POSITION AT MILAEGER'S:   |                                       | DESIF         | DESIRED MILAEGER'S LOCATION: PLEASE CIRCLE RACINE STURTEVANT |              |                                   |  |  |
| DATE AVAILABLE TO WORK:   |                                       | REFE          | REFERRED BY:   |              |                                   |  |  |
| PRESENT ADDRESS - INCLUDING ZIP CODE:   |                                       | НОМЕ          | HOME TELEPHONE - INCLUDING AREA CODE:                        |              |                                   |  |  |
|   |                                       | EMAIL         | :  |              |                                   |  |  |
| WHAT DAYS AND TIMES ARE YOU AVAILABLE TO V  | WORK AT MILAEGER'S,<br>PM             | INC.? PLEA    | ASE COMPLETE.<br>AM  |              | PM                                |  |  |
| Monday  |                                       | Friday        |  |              |                                   |  |  |
| Tuesday   |                                       | Saturda       | у  |              |                                   |  |  |
| Wednesday   |                                       | _ Sunday      |  |              |                                   |  |  |
| Thursday  |                                       | _             |  |              |                                   |  |  |
| PLEASE INDICATE WHICH TYPE OF EMPLOYMENT  | INTERESTS YOU. PLE                    | EASE CIRCLE   | FULL-TIME O  | R PART-TI    | ME; PERMANENT OR TEMPORARY.       |  |  |
| HAVE YOU EVER WORKED HERE BEFORE?   |                                       | DO YOU HA     | DO YOU HAVE A VALID DRIVER'S LICENSE?                        |              |                                   |  |  |
| IF SO, WHEN?  |                                       | ARE YOU       | ARE YOU OVER THE AGE OF 18?                                  |              |                                   |  |  |
| DO YOU HAVE ANY RELATIVES EMPLOYED HERE?  |                                       |               |  |              |                                   |  |  |
| IF SO, WHO?   |                                       |               | ARE YOU PRESENTLY EMPLOYED?                                  |              |                                   |  |  |
| EDUCATION AND TRAINING  |                                       |               |  |              |                                   |  |  |
| CIRCLE THE HIGHEST GRADE OR YEAR COMPLETED IN SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12  | DO YOU HAVE A HIG<br>OR GED EQUIVALEN |               |  | NAME A       | ND LOCATION OF HIGH SCHOOL:       |  |  |
| NAME AND LOCATION OF<br>COLLEGE OR UNIVERSITY   |                                       |               | MAJOR  |              | DEGREE OR CERTIFICATION<br>EARNED |  |  |
|   |                                       |               |  |              |                                   |  |  |
| DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE<br>SERVICE SCHOOLS, IN-SERVICE TRAINING, OR VOLI<br>ALSO INCLUDE RELEVANT LICENSES OR CERTIFICA | UNTEER WORK WHICH                     | YOU FEEL IS   | RELEVANT TO TH   | HE JOB OR    | JOBS FOR WHICH YOU ARE APPLYING.  |  |  |
|   |                                       |               |  |              |                                   |  |  |
|   |                                       |               |  |              |                                   |  |  |
|   |                                       |               |  |              |                                   |  |  |

\*BEGIN WITH THE MOST RECENTJOB. FOR PART-TIME WORK, SHOW THE AVERAGE NUMBER OF HOURS PER MONTH. YOU MAY ALSO ATTACH A SEPARATE SHEET (EXAMPLE: RESUME) WITH ADDITIONAL INFORMATION.

| EMPLOYER:   |  | LOCATION: (NUMBERED STREET)   |                                |   |  |  |
|---|--|---|--------------------------------|---|--|--|
|   |  | CITY, STATE, ZIP  |                                |   |  |  |
| YOUR TITLE:   |  | ,   |                                |   |  |  |
| YOUR DUTIES:  |  | NAME OF SUPERVISOR:   |                                |   |  |  |
|   |  | RATE OF PAY:  |                                |   |  |  |
|   |  | FROM: (MONTH & YEAR)  |                                | TO: (MONTH & YEAR)  |  |  |
|   |  | REASON FOR LEAVING:   |                                |   |  |  |
| EMPLOYER:   |  | LOCATION: (NUMBERED STREET)   |                                |   |  |  |
|   |  | CITY, STATE, ZIP  |                                |   |  |  |
| YOUR TITLE:   |  |   |                                |   |  |  |
| YOUR DUTIES:  |  | NAME OF SUPERVISOR:   |                                |   |  |  |
|   |  | RATE OF PAY:  |                                |   |  |  |
|   |  | FROM: (MONTH & YEAR)  |                                | TO: (MONTH & YEAR)  |  |  |
|   |  | REASON FOR LEAVING:   |                                |   |  |  |
| EMPLOYER:   |  | LOCATION: (NUMBERED STREET)  CITY, STATE, ZIP   |                                |   |  |  |
| YOUR TITLE:   |  |   |                                |   |  |  |
| TOOK TITLE.   |  |   |                                |   |  |  |
| YOUR DUTIES:  |  | NAME OF SUPERVISOR:   |                                |   |  |  |
|   |  | RATE OF PAY:  |                                |   |  |  |
|   |  | FROM: (MONTH & YEAR)  |                                | TO: (MONTH & YEAR)  |  |  |
|   |  | REASON FOR LEAVING:   |                                |   |  |  |
| L<br>MAY WE COMMUNICATE WITH YOUR PAST AND / C  |  |   |                                | NO?   |  |  |
| PROFESSIONAL REFERENCES, SUCH AS CO-WORKERS, I  |  | DE RELATIVES.   | DI ACE C                       | DE MOBK.  |  |  |
| NAME:   | PHONE  |   | PLACE OF WORK:  PLACE OF WORK: |   |  |  |
| NAME:   | PHONE  |   | PLACE OF WORK:                 |   |  |  |
| PLEASE READ THE STATEMENT BELOW AND SIGN "THIS ORGANIZATION DOES NOT DISCRIMINATE IN HIRING ON I PROTECTED CLASS PROTECTED UNDER LAW OF THIS JURISDICT FOR DISCRIMINATION YOUR APPIR CATION WILL BE GIVEN APPER | BASIS OF RACE, COLOR, FOOD THIS APPLICATION DO | RELIGION, SEX, NATIONAL ORIGIN, D<br>OES NOT INTEND TO ASK QUESTION<br>OF OWEN BE COME THIS THIS APPLIE | DISABILITY, V                  | ETERAN STATUS, OR YOUR MEMBERSHIP IN ANY<br>JLD PROVIDE INFORMATION THAT COULD BE USED<br>S MOT IMBU YOU WILL BE AEEDED MEMBER OWNER. |  |  |

"THIS ORGANIZATION DOES NOT DISCRIMINATE IN HIRING ON BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR YOUR MEMBERSHIP IN ANY PROTECTED CLASS PROTECTED UNDER LAW OF THIS JURISDICTION. THIS APPLICATION DOES NOT INTEND TO ASK QUESTIONS THAT WOULD PROVIDE INFORMATION THAT COULD BE USED FOR DISCRIMINATION. YOUR APPLICATION WILL BE GIVEN APPROPRIATE CONSIDERATION; HOWEVER, COMPLETING THIS APPLICATION DOES NOT IMPLY YOU WILL BE OFFERED EMPLOYMENT. BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR ANY INFORMATION GAINED OR DISCUSSED DURING THE INTERVIEW PROCESS CREATES AN EMPLOYMENT CONTRACT BETWEEN YOU AND THIS ORGANIZATION. SHOULD THIS APPLICATION AND THE PROCESS SURROUNDING THIS APPLICATION RESULT IN YOUR EMPLOYMENT, YOU HAVE THE RIGHT TO TERMINATE YOUR EMPLOYMENT AT ANY TIME AND FOR ANY TIME AND FOR ANY TIME AND FOR ANY REASON. MOREOVER, YOU UNDERSTAND NO PERSON OF THIS ORGANIZATION WITH THE EXCEPTION OF AN AUTHORIZED EMPLOYEE OF THE HUMAN RESOURCES DEPARTMENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT WITH YOU FOR ANY SPECIFIED PERIOD OF TIME OR TO GUARANTEE ANY OTHER PERSONAL BENEFIT. THIS INCLUDES ANY STATEMENTS OR GUARANTEES MADE PRIOR TO YOUR APPLICATION OR AFTER YOU ARE EMPLOYED."

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE MILAEGER'S INC TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION AND THE REFERENCES FROM EMPLOYERS AND OR CO-WORKERS LISTED ABOVE, CONCERNING MY PREVIOUS WORK HISTORY AND ANY APPROPRIATE INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIBILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION."

| SIGNATURE | DATE |  |
|-----------|------|--|