

MIG CORPORATION, INC.

APPLICANT INFORMATION FORM

Please note that completion of this form is voluntary and in no way affects the decision regarding your application for employment.

This form is confidential and will be maintained separately from your application form.

| | |
|-------------------------------|-----------------------------------|
| Name | Social Security Number |
| Date of Birth | Gender (Please circle one) M F |
| Mailing Address | City |
| State | Zip Code |
| Home Phone | Cell Phone |
| Position Applied For | Marital Status |
| Affiliated With Union? Y N | Name of Union (if affiliated) |

Ethnic Group (Circle the appropriate number code to indicate your race/ethnicity.)

- 1 White
- 2 African American
- 3 Hispanic (Mexican, Puerto Rican, Dominican, Cuban)
- 4 Asian (Japanese, Chinese, Korean, Vietnamese, Cambodian)
- 5 Pacific Islander (Hawaiian, Samoan)
- 6 American Indian
- 7 None of the above. My ethnic background is: _____

MIG Corporation, Inc. is an Equal Opportunity Employer. It is MIG Corporation's policy to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, or sex. Various agencies of the government require us to invite applicants to identify themselves as indicated by the questions above. Self identification is completely voluntary.

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

| | | | | |
|---|-----------------------------------|--------|-------------------------------|-----------------------------|
| | | | | DATE |
| NAME | | | SOCIAL SECURITY NUMBER | |
| LAST | FIRST | MIDDLE | | |
| PRESENT ADDRESS | | | | |
| STREET | CITY | STATE | ZIP | |
| PERMANENT ADDRESS | | | | |
| STREET | CITY | STATE | ZIP | |
| PHONE NO. | ARE YOU 18 YEARS OR OLDER? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

EMPLOYMENT DESIRED

| | | |
|---|---------------------------|---|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? | | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? |
| EVER APPLIED TO THIS COMPANY BEFORE? | WHERE? | WHEN? |
| REFERRED BY | | |

| EDUCATION | NAME AND LOCATION OF SCHOOL | *NO OF YEARS ATTENDED | *DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|-----------------------|--------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

| | | |
|---------------------------------------|-------------|---|
| U. S MILITARY OR NAVAL SERVICE | RANK | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES |
|---------------------------------------|-------------|---|

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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| | NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|---|------|---------|----------|---------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

 Signature of Applicant

IN CASE OF
 EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

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