

MK Stores Inc.

Application for Employment

An Equal Opportunity Employer

SNYDERS

Ishpeming 485-5592 Harvey 249-1441
Iron River 265-5149 Newberry 293-8571
Negaunee 475-9967 Calumet 934-2336
Gwinn 346-0104



Newberry 293-9900
Corner Drug
The Corner Drug Store Downtown Iron River
Iron River 265-2312

Gardener's GREENHOUSES

Marquette 485-5592 Seasonal

CAMPUS
Pharmacy

Marquette 225-5911

LT Pharmacare

Negaunee 475-4424

Snyders complies with all Equal Employment Opportunity laws which prohibit discrimination against qualified applicants or employees in hiring or any decision affecting job status or pay based on sex, color, national origin, race, creed, religion, age, handicap, marital status, affectional preference, or status with respect to public assistance.

Name _____ Date _____
Last First Middle Today's Date
Present Address _____ Phone No. _____
Street City State Zip (###) ###-####
Previous Address _____ Phone No. _____
Street City State Zip (###) ###-####
Are you at least 16 years of age? ☐ Yes ☐ No Cell Phone _____
Do you have the legal right to work in the United States? ☐ Yes ☐ No (###) ###-####
How were you referred to Snyders? _____
Have you worked for Snyders in the past? ☐ Yes ☐ No If yes, please give dates and position: _____
Do you know any current Snyders employees? ☐ Yes ☐ No If yes, please give name and location: _____
Position applying for: _____ Date available to start: _____
Do you desire : ☐ Full Time ☐ Part Time ☐ Seasonal (greenhouse) ☐ Pharmacy
Hours available for work: _____ am _____ am _____ am _____ am _____ am _____ am
pm pm pm pm pm pm pm pm
Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do you have any activities which would keep you from working the hours you have listed? ☐ Yes ☐ No If yes, explain: _____

Minimum Salary Expected: _____

Would you like to be considered for positions at other Snyders locations? ☐ Yes ☐ No If yes, please list: _____

For office positions please complete:

Do you type? ☐ Yes WPM: _____ ☐ No What machines can you run? _____

Education	Name or School	Number of years completed	Graduated (Yes / No)	Grade Average	Major / Minor
High School or GED					
Business or Trade School					
College or University					
Other					

EXPERIENCE

Please list your work experience including the military, beginning with your most recent job.

DO NOT SKIP ANY WORK HISTORY	Company's Name, Street Address, City, State, ZIP Code	Supervisor's Name & Company Phone Number	Position You Held & Responsibilities	Date Started	Date Left	Last Pay Rate	Reason for leaving
Present or last job held							
Next recent position							
Next recent position							
Next recent position							

May we contact your present supervisor? ☐ Yes ☐ No

If not, please list the name and phone number of someone who has known you for two or more months and could tell us about you _____ Phone # _____

IMPORTANT - READ BEFORE SIGNING

- The statements I have made are true and complete. I understand that any false statement, or concealment, or failure to answer any question fully and accurately will be grounds for terminating my employment, if I am hired.
- I authorize investigation of all statements and matters in this application, which MK Stores may deem relevant to my employment. MK Stores will keep such information confidential, except when such information is required to be released by law, order of the court, or other authority.
- I authorize all my previous employers and other persons having information concerning me to report such information to MK Stores.
- I release MK Stores, my past and present employers and other persons having information concerning me from all claims or liabilities based on the inquiries or disclosures authorized under paragraphs 2 & 3.
- I understand that, if I become employed by MK Stores, such employment will occur at will and no contract for employment, expressed or implied, is created.
- If I become employed, I agree to comply with MK Stores rules and regulations and to read and understand all policies and policy revisions.
- I agree to submit to a random drug test if requested by MK Stores. MK Stores will pay the examination expense.

For office use only	
Location (s) _____	<input type="checkbox"/> New Hire
Start Date _____	<input type="checkbox"/> Re-Hire
Starting Rate _____	<input type="checkbox"/> Temporary