

EMPLOYMENT APPLICATION



Please print and answer all questions on both sides of this application.

At which McKay's location are you seeking employment _____

Today's Date: _____

Phone Number:		Alternate Number:		Social Security Number:			
Last Name		First Name		Middle Initial			
Street Address		City		State	Zip Code		
Previous Address		City		State	Zip Code		
Are You	<input type="checkbox"/> 14 - 15	<input type="checkbox"/> 16 - 17	<input type="checkbox"/> 18 or older	If younger than 18, proof of age required			
If hired can you furnish proof that you can legally work in the United States?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever applied at McKay's?		Have you ever been employed by McKay's?					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	List dates: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	List dates: _____		
How were you referred to McKay's?							
List any Relatives or Friends who are now or who previously worked for McKay's:							
Name:		Name:		Name:			
Relationship:		Relationship:		Relationship:			
Positions Applying For: 1. _____ 2. _____ 3. _____							
Days/Hours Available to Work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
I am seeking: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full or Part Time <input type="checkbox"/>							
How many hours can you work weekly?							
Are you available to work nights and weekends?							
Date available to begin?							
EDUCATION/COURSE OF STUDY							
TYPE OF SCHOOL	NAME AND LOCATION			GRADUATE?	COURSE OF STUDY/DEGREE RECEIVED		
HIGH SCHOOL							
TRADE/TECHNICAL							
COLLEGE/ UNIV.							

List below past and present employment beginning with your most recent. Include U.S. Military experience. Additional employment information can be submitted on a separate sheet of paper.

Present or most recent job			
Company/Employer _____		Telephone # _____	
Address _____			
Supervisor's Name _____		Title _____	
Position/Job Title _____			
Duties _____			
Start Date	End Date	Total time	Reason for leaving:
Starting Salary \$ _____ per		Last Salary \$ _____ per	
Second most recent job.			
Company/Employer _____		Telephone # _____	
Address _____			
Supervisor's Name _____		Title _____	
Position/Job Title _____			
Duties _____			
Start Date	End Date	Total time	Reason for leaving:
Starting Salary \$ _____ per		Last Salary \$ _____ per	
Third previous job.			
Company/Employer _____		Telephone # _____	
Address _____			
Supervisor's Name _____		Title _____	
Position/Job Title _____			
Duties _____			
Start Date	End Date	Total time	Reason for leaving:
Starting Salary \$ _____ per		Last Salary \$ _____ per	
List any periods of unemployment during the past 10 years: _____			
List any volunteer work: _____			

Please read the following statement and acknowledge with your signature.

I acknowledge that the facts set forth on this application are true and complete.

I understand that if employed, any false statement or omission on this application or any attachment shall be sufficient cause for dismissal. I understand that all job offers are conditional and contingent upon background checks and verification of past employment. I understand that McKay's operates 7 days per week and that if I am employed by McKay's, I may be required to work any time or day of the week including Holidays.

I authorize McKay's to use its personnel or any investigative agency to investigate my employment record, health, education, criminal conviction record and financial record. I also authorize all my employers and former employers, references, credit reporting agencies/bureaus, medical facilities, educational institutions and any other persons contacted by McKay's representatives to provide McKay's with all records and information relevant to my employment application with McKay's. I release all parties who provide such records or information from all liabilities arising from such disclosures; and I waive any rights to notice of such disclosures.

I authorize McKay's to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.

Signature

Date