Ludington

101 E. Ludington Ave. Ludington, MI 49431 (231) 845-6346 TEL (231) 845-7024 FAX snydershoes.com



Manistee 397 River Street Manistee, MI 49660 (231) 723-3383 TEL (231) 723-7076 FAX



Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date:					
Last Name:	First Name:		Middle Name:		
Street Address:					
City: State		e: ZIP:			
Telephone:	Email Ad	Email Address:			
Position applied for:	How did yo	How did you hear of this opening?			
When can you start?		Desired Wage \$			
	n or otherwise authorized to work i documentation.)	n the U.S. o	n an unrestricted ba	asis? (You may be	
Are you looking for	full-time employment? 🗖 Yes 📮 N	0			
If no, what hours are	e you available?				
Have you ever been	convicted of a felony? (This will not	t necessaril	ly affect your applic	ation.) 🗆 Yes 🗅 No	
If yes, please describ	oe conditions.				
Education	School Name and Location	Year	Major	Degree	
High School	School Name and Location	1 Cai	Major	Degree	
College				7	
College					
Post College			60		
Other Training	Q1,				
In addition to your w	ork history, are there other skills, qu	alifications,	or experience that v	ve should consider?	

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Employment History



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Company Name: _____ Address: _____ Telephone: _____ Date Started: _____ Starting Wage: ____ Starting Position: ____ Date Ended: _____ Ending Wage: ____ Ending Position: _____ Name of Supervisor: _____ May we contact? ☐ Yes ☐ No Responsibilities: Reason for leaving: Company Name: _____ ____ Telephone: ____ Address: _____ Date Started: _____ Starting Wage: ____ Starting Position: ____ Date Ended: _____ Ending Wage: ____ Ending Position: ____ Name of Supervisor: May we contact? \square Yes \square No Responsibilities:

Telephone:

Telephone:

Date Started: _____ Starting Wage: ____ Starting Position: ____ Date Ended: _____ Ending Wage: ____ Ending Position: ____ Name of Supervisor: May we contact? \square Yes \square No

Date Started: _____ Starting Wage: ____ Starting Position: ____

Name of Supervisor: May we contact? \square Yes \square No

Ending Wage: _____ Ending Position: ____

Responsibilities: ____

Reason for leaving:

Address:

Date Ended:

Reason for leaving: _____

Attach additional information if necessary for work experience.

Reason for leaving:

Company Name: _____

Responsibilities:

Company Name: _____

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Professional Reference Information:

Reference Name:		Title:
Phone Number:	Email address:	
Number of Years Known:		
Reference Name:		Title:
Phone Number:	Email address:	
Number of Years Known:		
Personal Reference Information:		
Reference Name:		Relationship:
Phone Number:	Email address:	
Number of Years Known:		
Reference Name:		Relationship:
Phone Number:	Email address:	
Number of Years Known:		
*********	******	*********
I certify that the facts set forth in this application knowledge. I understand that if I am employ sufficient cause for dismissal. This company educational and employment history.	red, false statements o	on this application shall be considered
I understand that employment at this compared terminate the employment relationship at an prohibited by statute. All employment is commanager, or executive of this company, other	ny time, with or withoutinued on that basis.	out prior notice, and for any reason not I understand that no supervisor,
Signature:	77 SHOES S	Date: