

MK Designs, LLC

479 Maple Street, Honey Brook, Pennsylvania, 19344
Phone: 304-249-4824 Fax: 717-474-3435 Email: mike@mkdpa.com

Employment/ Job Application

PERSONAL INFORMATION

FULL NAME: _____ DATE: ___/___/___

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____ - _____ - _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE TO START: ___/___/___

DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? YES NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: STARTED ___/___/___ ENDED ___/___/___

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL _____ CITY _____ STATE _____

GRADUATED: YES NO

TECHNICAL SCHOOL _____ CITY _____ STATE _____

GRADUATED: YES NO DEGREE/DIPLOMA: _____

COLLEGE _____ CITY _____ STATE _____

GRADUATED: YES NO DEGREE/DIPLOMA: _____

COMMENTS: _____

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FORMER EMPLOYERS

COMPANY NAME #1: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____

RESPONSIBILITIES: _____

STARTING DATE: ___/___/___ ENDING DATE: ___/___/___

REASON FOR LEAVING: _____

COMPANY NAME #2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____

RESPONSIBILITIES: _____

STARTING DATE: ___/___/___ ENDING DATE: ___/___/___

REASON FOR LEAVING: _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. Please make sure all questions are filled in and the information is correct.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ PRINT FULL NAME: _____

DATE: ___/___/___