



W3126 Hwy 32 ❖ Elkhart Lake, WI 53020  
920-565-3099 ❖ www.conceptworks.com



11110 Hwy 42 ❖ Newton, WI 53063  
920-693-8163 ❖ www.mekco.com

## EMPLOYMENT APPLICATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Division:  ConceptWorks  Mekco

Source:  Walk-in  Sign  Social Media  Online Job Board  Referral: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Cell  Home Email: \_\_\_\_\_

If you are under 18 years old, can you provide a work permit?  Yes  No

Have you ever worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

Are you legally allowed to work in the United States?  Yes  No

Type of employment desired?  Full-time  Part-time  Temporary / Seasonal

Date You're Available to Start: \_\_\_\_\_ Salary Expectation: \_\_\_\_\_

## Education and Qualifications

Name & Location of School	Type of School	Years Attended	Graduated?	Subjects or Major
_____ _____ _____	<input type="checkbox"/> High School <input type="checkbox"/> Technical School <input type="checkbox"/> College / University	From: _____ / _____ month    year To: _____ / _____ month    year	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
_____ _____ _____	<input type="checkbox"/> High School <input type="checkbox"/> Technical School <input type="checkbox"/> College / University	From: _____ / _____ month    year To: _____ / _____ month    year	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____
_____ _____ _____	<input type="checkbox"/> High School <input type="checkbox"/> Technical School <input type="checkbox"/> College / University	From: _____ / _____ month    year To: _____ / _____ month    year	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____

Summarize any special skills, qualifications, coursework, or experience you have that is relevant to the position you're applying for.

---

---

---

---

---

---

---

## Work History & References

**Company Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ Salary: \_\_\_\_\_ to \_\_\_\_\_  
month year month year starting ending

Responsibilities:

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact them for a reference?  Yes  No

**Company Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ Salary: \_\_\_\_\_ to \_\_\_\_\_  
month year month year starting ending

Responsibilities:

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact them for a reference?  Yes  No

**Company Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ Salary: \_\_\_\_\_ to \_\_\_\_\_  
month year month year starting ending

Responsibilities:

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact them for a reference?  Yes  No

**Please list 3 professional references that we may contact.**

Professional Reference Name	Phone #	Email Address	Relationship

\*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the reference and employers listed above to give you information concerning my previous employment, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the ADA (American's with Disabilities Act) and other relevant federal and state laws.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Criminal Background Check Authorization Form**

**Name (First, Middle & Last):** \_\_\_\_\_

**Former Name (If Any):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Previous Address\*:** \_\_\_\_\_  
\_\_\_\_\_

*\*previous addresses older than 7 years need not be included*

.....  
\*I certify that the information provided in this application is correct to the best of my knowledge and I understand that any information given that is found to be incorrect or purposely omitted will be just cause for immediate disqualification.

The resulting date from this background check will reveal prior felony and misdemeanor convictions from the individual. Please note that all prior convictions will be reviewed; however, some convictions may be cause for immediate disqualification.

I hereby authorize Concept Works, Inc and Mekco (a division of Concept Works, Inc), as well as law enforcement agencies and/or private background check organizations to conduct a background check as part of its hiring process. This information will be provided to Concept Works, in part of, or in whole, in the form of a report.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_