

Bay Area Services, Inc.

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HVAC/R EMPLOYMENT APPLICATION (Please print clearly – complete all 4 pages)

Position(s) Applying for: _____ Application Date: ___/___/___

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: ___-___-___ Work: ___-___-___ Ext. _____ Cell Phone: ___-___-___

Email Address: _____

How did you hear about our company? _____

Citizenship:

U.S. Citizen Green Card Holder U.S. Work Permit/Visa Canadian Citizen Canadian Work Permit/Visa

Current Employer: (if any) _____

When are you available to start work? _____ Years of directly related Work Experience: _____

Desired Compensation: \$ _____ Hourly Annual Other Compensation Desired: _____

Employment Type Desired: Full-Time Part-Time ----- Permanent Temporary

Education:

TYPE OF SCHOOL	Name	Location	# of Years Completed	Major & Degree
High School				
Tech School				
University				
Trade School				

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No Do you have a clean driving record? Yes No

Driver's license number: _____ State of Issue: _____

List any Moving Violations and/or Accidents from the last 3 years: _____

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No Branch: _____

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD or RESERVES? Yes No

Specialty _____ Date Entered ___/___/___ Discharge Date ___/___/___

WORK EXPERIENCE

Please list your work experience beginning with your most recent. If you were self-employed, give business name.

Name of employer: _____ Last Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: ____ / ____ / ____ | Last job title or responsibility: _____
Dates: From ____ / ____ / ____ to ____ / ____ / ____ Wage: Starting: \$ _____ Ending: \$ _____ Hourly Annual
Reason for leaving: _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____

May we contact this employer? Yes No

Name of employer: _____ Last Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: ____ / ____ / ____ | Last job title or responsibility: _____
Dates: From ____ / ____ / ____ to ____ / ____ / ____ Wage: Starting: \$ _____ Ending: \$ _____ Hourly Annual
Reason for leaving: _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____

May we contact this employer? Yes No

Name of employer: _____ Last Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: ____ / ____ / ____ | Last job title or responsibility: _____
Dates: From ____ / ____ / ____ to ____ / ____ / ____ Wage: Starting: \$ _____ Ending: \$ _____ Hourly Annual
Reason for leaving: _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____

May we contact this employer? Yes No

Name of employer: _____ Last Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: ____ / ____ / ____ | Last job title or responsibility: _____
Dates: From ____ / ____ / ____ to ____ / ____ / ____ Wage: Starting: \$ _____ Ending: \$ _____ Hourly Annual
Reason for leaving: _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____

May we contact this employer? Yes No

What Certifications & Licenses do you have? (Select all that apply)

Nate EPA 608 Type I Type II Type III Universal _____ _____ _____

State and License Numbers for any licenses selected above, if applicable: _____

Other Licenses & Certifications held: _____

ADDITIONAL INFORMATION Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

If you have a resume, please include it with this application.

References: Please list 3-4 personal or business references who can attest to your On-the-Job experience, performance or personal character

Name: _____ Type of reference: <input type="checkbox"/> Personal <input type="checkbox"/> Business
Company: _____ Position: _____
Telephone: (____) ____ - _____ Email: _____
How does this person know you: _____

Name: _____ Type of reference: <input type="checkbox"/> Personal <input type="checkbox"/> Business
Company: _____ Position: _____
Telephone: (____) ____ - _____ Email: _____
How does this person know you: _____

Name: _____ Type of reference: <input type="checkbox"/> Personal <input type="checkbox"/> Business
Company: _____ Position: _____
Telephone: (____) ____ - _____ Email: _____
How does this person know you: _____

Name: _____ Type of reference: <input type="checkbox"/> Personal <input type="checkbox"/> Business
Company: _____ Position: _____
Telephone: (____) ____ - _____ Email: _____
How does this person know you: _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Bay Area Services creates an actual or implied contract of employment. I understand that, if I accept employment with Bay Area Services, it will be on an at-will basis. This means that either Bay Area Services or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Bay Area Services. I release Bay Area Services, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Bay Area Services to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release Bay Area Services and its employees from all liability arising from such investigation.

Did you complete this application yourself? Yes No (If not, who did? _____)

Signature of Applicant: _____ **Date:** ____/____/____

Print Name: _____

Bay Area Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Bay Area Services depends solely on your qualifications.