



*All your service needs in one envelope!*

**B-E CONTROLS**  
BUILDING ENVELOPE  
FACILITY MANAGEMENT SERVICES

350 S. Tower Street, Suite 3  
Saukville WI 53080  
855-377-5755  
262-284-6078

## Application for Employment

Please fill out the form completely for employment consideration. Print and fax or mail when completed. age, national origin, or handicap. We are an equal opportunity

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, employer.

### Personal Information

Last Name	First	Middle	Date
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Street Address	How Long at this address?
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City	State	Zip
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Home Phone	Cell Phone	Email Address
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Previous Address	How Long at this address?
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City	State	Zip
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Are you over 18 years of age? Yes No	Date of Birth: MM/DD/YYYY
If not, employment is subject to verification of minimum legal age.	

Have you ever applied for employment with us? Yes No	Social Security Number
If Yes: Month and Year	

How did you learn of our organization?
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Are you legally eligible for employment in the United States? Yes No	When will you be able to work?
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Are you employed now?	When will you be able to work?
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Are you employed now?	If so, may we inquire of your present employer?
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Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No
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If Yes, describe in full.
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Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation?)

Yes      No

If Yes, please explain.

Drivers License #                      State

Violations?                              Yes      No

If Yes, please explain.

**Education**

School	Name and location of school	Course of Study	No. of years completed	Did you graduate	Degree or Diploma
College					
High					
Trade School					
Other					

**Military**

Complete this section in you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year) From                      To
	Rank at Discharge
	Date of Final Discharge

**Employment History**

Please give accurate, complete full-time and part-time employment record.

Start with present or most recent employer.

1	Company Name	Telephone (      )
	Address	Employed (Start month and Year) From                      To
	Name of Supervisor	Hourly Rate Start                      Last
	Start job Title and Describe Your Work	Reason for Leaving



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## Employment History

2	Company Name	Telephone (    )
	Address	Employed (Start month and Year) From                      To
	Name of Supervisor	Hourly Rate Start                      Last
	Start job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone (    )
	Address	Employed (Start month and Year) From                      To
	Name of Supervisor	Hourly Rate Start                      Last
	Start job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone (    )
	Address	Employed (Start month and Year) From                      To
	Name of Supervisor	Hourly Rate Start                      Last
	Start job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>Do Not Contact</b>
	Employer Number(s)
	Reason

References: Give below the names of three persons not related to you, whom you have known at least one year.			
Name	Address	Business	Years Acquainted
1			
2			
3			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage in an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature