



4441 Allen Road
Zephyrhills, FL 33541
(813) 782-5013

Technical Center Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Why would you like to be considered as a student:

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Are you 18 years or older? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

_____ (initials)

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my being excluded from being considered for the school.

_____ (initials)

Acceptance in our school does not guarantee employment at Bahr's Propane Gas & AC.

_____ (initials)

I understand that there is a probationary period when accepted in our the school. We reserve the right to expel any student for cause. Adhering to the rules and regulations are mandatory. Deviation from these standards is cause for expulsion.

_____ (initials)

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if under 18 years of age)

Notice to Applicants

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of enrollment, you may be required to complete a medical questionnaire and/or undergo a medical examination. If required, all information will be kept confidential in sperate files.

Please return this form to Bahr's via email to:

MattM@bahrsinc.com

Or in person to:

Bahr's Propane Gas & AC
4441 Allen Road
Zephyrhills, FL. 33541
ATTN: Matt