Appliance Repair, Inc.		Date:		
	iployment tionnaire nployer			
Personal Information:		1		
Name	Social Security No.			
Date of Birth				
Present Address (Street, City, State	e, Zip)			
Phone No				
Employment Desired:				
Position	Date you can start _	Sala	ry desired	
Are you currently employed? Yes_	No If so, may	we inquire of your present	employer?YesNo	
<b>Education History:</b> High School (Location)	Years Attended	Did You Graduate?	Subjects Studied	
College (Location)	Years Attended	Did You Graduate?	Subjects Studied	
Trade, Business or Other School	Years Attended	Did You Graduate?	Subjects Studied	
<b>General Information:</b> Subjects of special study Work or special training/skills Special certifications				

U.S. Military or Naval Service \_\_\_\_\_

Rank \_\_\_\_\_

## The following questions are intended for those applying for HVAC/Appliance Technician positions only

Are you familiar with the operation, diagnosis and repair of the following appliances? Please provide a rating of 0-5 next to each appliance listed. For example: 0=not at all familiar with the operation and repair of this appliance. Training needed. 5=Very experienced on all aspects of operation and repair. We are referring to the most typical, residential major appliances found in the average household. Please give honest ratings to yourself and add comments if you desire. The need for training in certain areas will not eliminate you from employment consideration.

Washers:		Comments:		
Dryers:		Comments:		
Dishwashers:		Comments:		
Water Heaters:		Comments:		
Ovens:		Comments:		
Refrigerators/ Freezers:		Comments:		
Microwave Ovens:		Comments:		
Air Conditioning:		Comments:		
Furnaces:		Comments:		
Are you certified to handle and work with CFC refrigerants? Yes No				

Please list any special skills or training you have in the area of major appliance repair that you would like to list. (For example any experience with commercial equipment or special applications)

Date	Name and address of employer	Salary	Position	Reason for leaving
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
<b>References</b> G	ive below the names of three persons not rel	ated to you, whom	you have known a	at least one year.
Name	Address	Business		Years Known

\_ \_

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Former Employers (List below last four employers, starting with the last one first)

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## Authorization

"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 references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, 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 Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date:	Signature:		
Interviewed By:		Date:	
	DO NOT	WRITE BELOW THIS I	LINE
Remarks:			
Neatness:	Character:		Ability:
Hired:	For Position:	Will Report:	Salary Wages:
Approved:			
	Manager		
	Department Hea	d	