



UNITED ASSOCIATION HVACR SERVICE TECHNICIAN RESUME FORM

UA Local # _____

PERSONAL INFORMATION

Last Name		First		Middle	
Date of Application	Driver's License Number	Daytime Phone Number	Evening Phone Number		
Home Address (Number, Street, City, State and Zip Code)					
Mailing Address if Different from Home Address (Number, Street, City, State and Zip Code)					

POSITION DESIRED/LOCATION

Position Desired:	Location:
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EDUCATION

	School Name & Address	Dates Attended		Type of Degree Date Received	Course of Study	Grade Point Average
		From	To			
<input type="checkbox"/> High School or <input type="checkbox"/> Equivalent						
Technical School						
College or Univ.						
License or Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	List certifications held.					
Other Training						

GOVERNMENT/MILITARY SERVICE

	Branch of Govt./Military	Dates of Duty		Title	GS Level/Rank at Separation
		From	To		
US Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No					
US Govt. Employee <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY

List below all places of employment or your whereabouts during the past FIVE years and all other significant employment prior to the past FIVE years. If you worked for one employer on more than one occasion use a separate space below for each period. If unemployed, list residence and dates when unemployed. (Use additional sheet of paper if required.)

Current Employer	Annual Salary	Job Title	Supervisor's Name
Full Address	Telephone #	From (Month/Year)-To	Still in Business <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving
Former Employer	Annual Salary	Job Title	Supervisor's Name
Full Address	Telephone #	From (Month/Year)-To	Still in Business <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving
Former Employer	Annual Salary	Job Title	Supervisor's Name
Full Address	Telephone #	From (Month/Year)-To	Still in Business <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving

REFERENCES

Name	Full Address	Daytime Phone Number	Years Known

**Are you authorized to work in the United States?
Can you supply proof of such authorization?**

Yes No

If you are hired you will be required to submit proof of citizenship, or furnish proof of you right to work in the United States.

**Do you have a valid driver's license?
If no, indicate
violation**

Yes No

Please include any information you think would be helpful to us in considering you for employment.

I authorize all persons and companies named above to release information pertaining to my employment history and hereby release all parties from liability for damage for providing this information.

Applicant Signature _____ **Date** _____

Occupational Skills Profile

(Check box after item if you perform tasks without supervision or that is applicable for your skill level)

Safety and Environmental Practices

- | | | |
|------|------------------------------|-----------------------------|
| OSHA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| EPA | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DOT | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Electrical

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Direct Current | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alternating Current | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot Circuits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Install and Connect Components | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Electric Motors

- | | | |
|---------------------|------------------------------|-----------------------------|
| Install and Connect | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Perform Maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Controls

- | | | |
|-------------------------------------------|------------------------------|-----------------------------|
| Install/Service Electromechanical Devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot Electromechanical Devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Install/Service Electronic Devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot Electronic Devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Refrigeration Principles and Practices

- | | | |
|-----------------------------------------------|------------------------------|-----------------------------|
| Theory | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Perform Leak Tests | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Perform Evacuation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recover/Recycle Refrigerants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Charge Refrigerants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot Mechanical Refrigeration Systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Heating Principles and Practices

- | | | |
|----------------------|------------------------------|-----------------------------|
| Gas-Fired Forced-Air | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heat Pumps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oil-Fired Forced-Air | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gas-Fired Hydronic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Air Conditioning Principles and Practices

- | | | |
|------------------|------------------------------|-----------------------------|
| Psychometrics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Air Distribution | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Piping Principles and Practices

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Brazing, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Steel Pipe Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PVC Pipe Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Plumbing Service

- | | | |
|--------------------------------------------------|------------------------------|-----------------------------|
| Install/service plumbing appliances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Install/service water conditioning equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Basic plumbing service (faucets, fixtures, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drain cleaning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Residential/Light Commercial Heating

- | | | |
|-----------------|------------------------------|-----------------------------|
| Install/Service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Residential/Light Commercial Air Conditioning

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Install/Service Split Systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Install/Service Packed Systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Residential/Light Commercial Heat Pumps

- | | | |
|-----------------|------------------------------|-----------------------------|
| Install/Service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Install/Service/Maintain/Troubleshoot/Repair Commercial Air Conditioning Systems

- | | | |
|-------------------|------------------------------|-----------------------------|
| Pumps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Towers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boilers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fans/Air Handlers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Controls | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Install/Service/Maintain/Troubleshoot/Repair

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Centrifugals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Absorption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reciprocating Liquid Chillers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Screw | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Commercial Refrigeration

- | | | |
|---------------|------------------------------|-----------------------------|
| Ammonia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supermarkets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ice-Makers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water Coolers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |