

Resume/Affidavit Worksheet

This information will be used to create your resume and your affidavits. *Only COMPLETE, ACCURATE information is acceptable.* This worksheet will be returned to you as many times as is necessary until all needed information has been provided So that you may better be able to understand the importance of complete and accurate information, a sample resume and affidavit are attached. These examples are similar to how *your* finished resume and affidavit will look.

Your Name: _____ SS# _____

Name you prefer to be called: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Do you have experience as a Service Technician? Yes / No If yes, # of years experience: _____

Do you have experience as a Welder? Yes / No If yes, # of years experience: _____

How many years of experience do you have in Sheet Metal Work? _____

Do you have a currently valid driver's license? Yes / No What type (operator, CDL, etc.)? _____

Do you have experience driving larger commercial trucks (other than full-sized pickups)? _____

Put a check mark next to all items which you have performed or used:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> pattern layout | <input type="checkbox"/> circular saws | <input type="checkbox"/> slip and key machines | <input type="checkbox"/> black iron installation |
| <input type="checkbox"/> hand brake | <input type="checkbox"/> gas powered cutoff saws | <input type="checkbox"/> iron work | <input type="checkbox"/> stainless steel fabrication |
| <input type="checkbox"/> CNC press brake | <input type="checkbox"/> chop saws | <input type="checkbox"/> roll forming machines | <input type="checkbox"/> stainless steel installation |
| <input type="checkbox"/> press brake | <input type="checkbox"/> hand saws | <input type="checkbox"/> pin spotters | <input type="checkbox"/> aluminum fabrication |
| <input type="checkbox"/> grinders | <input type="checkbox"/> Sawzalls | <input type="checkbox"/> spray guns | <input type="checkbox"/> aluminum installation |
| <input type="checkbox"/> MIG welding | <input type="checkbox"/> cutting torches | <input type="checkbox"/> fork lifts | <input type="checkbox"/> copper fabrication |
| <input type="checkbox"/> TIG welding | <input type="checkbox"/> pipe cutters | <input type="checkbox"/> amp probes | <input type="checkbox"/> copper installation |
| <input type="checkbox"/> ARC welding | <input type="checkbox"/> pipe threaders | <input type="checkbox"/> amp meters | <input type="checkbox"/> hand held plasma cutter |
| <input type="checkbox"/> gas welding | <input type="checkbox"/> band saws | <input type="checkbox"/> vacuum pumps | <input type="checkbox"/> computer controlled plasma cutter |
| <input type="checkbox"/> scientific calculators | <input type="checkbox"/> drill press | <input type="checkbox"/> Freon recovery units | <input type="checkbox"/> soldering |
| <input type="checkbox"/> hand folders | <input type="checkbox"/> snips | <input type="checkbox"/> charging gauges | <input type="checkbox"/> A/C installation |
| <input type="checkbox"/> dividers | <input type="checkbox"/> Whitney punches | <input type="checkbox"/> sling psychrometers | <input type="checkbox"/> furnace installation |
| <input type="checkbox"/> combination squares | <input type="checkbox"/> punch presses | <input type="checkbox"/> duct work installation | <input type="checkbox"/> blower & fan inst. |
| <input type="checkbox"/> framing squares | <input type="checkbox"/> chain hoists | <input type="checkbox"/> galvanized metal fabrication | |
| <input type="checkbox"/> clamps | <input type="checkbox"/> duct lifts | <input type="checkbox"/> galvanized metal installation | |
| <input type="checkbox"/> oxyacetylene cutting torches | <input type="checkbox"/> scissor lifts | <input type="checkbox"/> black iron fabrication | |
| <input type="checkbox"/> spot welders | <input type="checkbox"/> JLG lifts | | |
| <input type="checkbox"/> duct tongs | <input type="checkbox"/> one man lifts | | |
| <input type="checkbox"/> hammer drills | <input type="checkbox"/> shears | | |
| <input type="checkbox"/> hack saws | | | |

List any other experience or tools you have utilized: _____

Please place a check mark next to any of the following statements which are true and fill in the blanks if the statement applies to you:

- I have completed an EPA approved course in refrigerant transition and recovery.
- I have completed a _____ hour OSHA construction health and safety training seminar.
- I have completed a 102 hour course in Residential Heating and Air Conditioning Installation and Service. **(Also known as service classes.)**
- I have received [(circle all that apply) **Type I, Type II, Type III, Universal**] Certification in Refrigerant Transition and Recovery.
- I have completed _____ (number of different courses) 30 hour calculator math course(s).
- I have completed _____ (number of different courses) 30 hour drafting course(s).
- I have completed an 8 hour aerial lift training class
- I am currently enrolled in an associates degree program for sheet metal technology at Ivy Tech State College.

Experience: List any additional experience you have which is not detailed above:

Certifications: List any additional certifications, professional licenses, etc., which haven't been detailed above:

High School Education

Name of School: _____ Year of Graduation or GED: _____

Address: _____

City, State, & Zip Code: _____

Courses Studied: _____

Higher Education

(All college, vocational and technical schooling, including Ivy Tech and S.MW.I.A. Training School)

Name of School: _____ List Degree, if achieved: _____

Address: _____

City, State & Zip of School: _____

Years Attended: From (year)____ to (year)____ Major: _____

Courses Studied: _____

Name of School: _____ List Degree, if achieved: _____

Address: _____

City, State & Zip of School: _____

Years Attended: From (year)____ to (year)____ Major: _____

Courses Studied: _____

Name of School: _____ List Degree, if achieved: _____

Address: _____

City, State & Zip of School: _____

Years Attended: From (year)____ to (year)____ Major: _____

Courses Studied: _____

Name of School: _____ List Degree, if achieved: _____

Address: _____

City, State & Zip of School: _____

Years Attended: From (year)____ to (year)____ Major: _____

Courses Studied: _____

Employment

(List all employers you have had, starting with your present employer, and fill in *every* blank. If there is a reason you can't fill in one of the blanks, give an explanation as to why you don't have the information. ***Please describe your duties in detail, using complete sentences.*** Phone directories and your income tax returns are valuable sources of information.)

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Job Title: _____ I worked from (month) _____, (year) _____ to (month) _____, (year) _____

Duties (a description of the type of work you performed.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Job Title: _____ I worked from (month) _____, (year) _____ to (month) _____, (year) _____

Duties (a description of the type of work you performed.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Job Title: _____ I worked from (month) _____, (year) _____ to (month) _____, (year) _____

Duties (a description of the type of work you performed.) _____

Employment (continued)

(List all employers you have had, starting with your present employer, and fill in *every* blank. If there is a reason you can't fill in one of the blanks, give an explanation as to why you don't have the information. ***Please describe your duties in detail, using complete sentences.*** Phone directories and your income tax returns are valuable sources of information.)

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Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Job Title: _____ I worked from (month) _____, (year) _____ to (month) _____, (year) _____

Duties (a description of the type of work you performed.) _____

Military

Branch of Service: _____ Rank: _____

I served from (year) _____ to (year) _____ Type of Discharge: _____

Occupation: _____