

Air-Mart

SALES
SERVICE
INSTALLATION
MAINTENANCE

Heating & Cooling

225 Stedman Street
Unit #13 Lowell, MA 01851
Office: 866-374-4838
Fax: 888-595-3184
Email: Admin@airmart.org

Name _____

Date _____ DOB _____

Address _____

City _____ State ____ Zip _____

Home Phone _____

Cell Phone _____

Will Send Resume Yes No

Will Send copy of Driver's License
 Yes No

Check off the type of work you have
performed unsupervised

- Residential HVAC
- Commercial HVAC
- Commercial Refrigeration
- Boilers
- Control Wiring
- Gas Fitting

List any Certifications/Licenses you have

List brands that you have a thorough
understanding of

List your Education History Below

School _____
City/State _____
Name of Program _____
Dates of Attendance _____ - _____

Did you graduate? Yes No

School _____
City/State _____
Name of Program _____
Dates of Attendance _____ - _____

Did you graduate? Yes No

List your Work History Below

Total Years of Experience _____

Company Name _____

Position _____

Supervisor _____

Hourly Rate/Salary _____

Reason for Leaving _____

Brands installed or serviced _____

City/State _____

Dates of Employment _____ - _____

Contact Number (____) _____

Company Name _____

Position _____

Supervisor _____

Hourly Rate/Salary _____

Reason for Leaving _____

Brands installed or serviced _____

City/State _____

Dates of Employment _____ - _____

Contact Number (____) _____

Company Name _____

Position _____

Supervisor _____

Hourly Rate/Salary _____

Reason for Leaving _____

Brands installed or serviced _____

City/State _____

Dates of Employment _____ - _____

Contact Number (____) _____

Once the application is completed please send by Email, Fax, or Mail. Thank you!