

# HVAC SERVICE TECHNICIAN PROGRAM EMPLOYMENT VERIFICATION FORM



ADMISSION INTO THE YAVAPAI COLLEGE HVAC SERVICE TECHNICIAN PROGRAM REQUIRES APPLICANTS TO HOLD A CURRENT EPA SECTION 608 CERTIFICATION AND MEET ONE OF THE FOLLOWING PREREQUISITES:

- COMPLETION OF AN HVAC TRAINING PROGRAM OR
- MINIMUM OF ONE (1) YEAR OF HVAC INDUSTRY EXPERIENCE

APPLICANTS QUALIFYING THROUGH INDUSTRY EXPERIENCE MUST HAVE THEIR EMPLOYER COMPLETE THIS EMPLOYMENT VERIFICATION FORM. THIS PROCESS ENSURES ALL APPLICANTS MEET THE PROGRAM'S PREREQUISITE QUALIFICATIONS AND ARE PREPARED FOR ADVANCED, HIGH-SKILL INSTRUCTION AND HANDS-ON TRAINING.

**THE PROGRAM APPLICANT IS RESPONSIBLE FOR UPLOADING THE COMPLETED FORM AS PART OF THEIR APPLICATION SUBMISSION.**

EMPLOYEE/PROGRAM APPLICANT INFORMATION		
FIRST NAME	LAST NAME	OTHER NAMES <i>(if any)</i>
PHONE	EMAIL	

EMPLOYER & EMPLOYMENT INFORMATION		
EMPLOYER/COMPANY NAME	ADDRESS	
SUPERVISOR NAME	PHONE	EMAIL
EMPLOYEES POSITION/JOB TITLE	EMPLOYEE HIRE DATE	EMPLOYEE SEPARATION DATE <i>(if applicable)</i>
EMPLOYEE AVERAGE HOURS WORKED, PER WEEK		

NATE-ALIGNED COMPETENCY VERIFICATION <small>PLEASE INDICATE THE LEVEL OF EMPLOYEE INVOLVEMENT IN EACH AREA</small>				
COMPETENCY AREA	OBSERVED	ASSISTED	PERFORMED WITH SUPERVISION	INDEPENDENTLY PERFORMED
SAFETY PRACTICES & OSHA AWARENESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOOLS, INSTRUMENTS & MEASUREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASIC ELECTRICAL THEORY & DIAGNOSTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRIGERATION CYCLE FUNDAMENTALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIR DISTRIBUTION & AIRFLOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC SYSTEM INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTATIVE MAINTENANCE PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TROUBLESHOOTING & SYSTEMS DIAGNOSTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT PUMP SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAS HEATING SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUSTOMER COMMUNICATION & DOCUMENTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **EMPLOYMENT VERIFICATION**

I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

EMPLOYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_