

# **SkillsUSA 2014 Contest Projects**

## **Major Appliance Technology**

Click the “Print this Section” button above to automatically print the specifications for this contest. Make sure your printer is turned on before pressing the button.



**Major Appliance & Refrigeration  
Technology**

## **Station #1—Vertical or Horizontal Axis Washer Diagnosis**

**Time Allotted—30 Minutes**

***This exercise tests the ability of the contestant to accurately diagnose an electro/mechanical failure in a vertical axis or horizontal axis washing machine.***

1. The contestant must be able to read and follow the wiring schematic for the appliance being used.
2. The contestant must be able to use a Volt Ohm Meter, Amp-meter, Multi-meter and other test equipment appropriate for appliance diagnosis.
3. The contestant must be able to use common hand tools to disassemble, reassemble and access components in the appliance being used.
4. The contestant must be able to use appropriate test equipment to locate defective components causing the appliance failure.
5. The contestant must be able to report their diagnosis to the judges. Be prepared to explain how they arrived at their diagnosis and to show what steps were taken to verify their diagnosis, including showing what voltage, resistance and other readings that were taken by utilizing the appliance's wiring schematic.
6. The contestant must be able to reassemble the appliance, making sure that no additional faults or failures have been introduced into the appliance.

**NOTES:** The Contestant must be able to:

1. Use all tools necessary.
2. Use wiring schematics and technical data sheets.
3. Work safely
4. Wear safety glasses anytime the appliance is accessed.



**Major Appliance & Refrigeration  
Technology**

## **Station #1—Vertical or Horizontal Axis Washer Diagnosis**

**Time Allotted-30 Minutes**

***This exercise tests the ability of the contestant to accurately diagnose an electro/mechanical failure in a vertical axis or horizontal axis washing machine.***

1. The contestant must be able to read and follow the wiring schematic for the appliance being used.
2. The contestant must be able to use a Volt Ohm Meter, Amp-meter, Multi-meter and other test equipment appropriate for appliance diagnosis.
3. The contestant must be able to use common hand tools to disassemble, reassemble and access components in the appliance being used.
4. The contestant must be able to use appropriate test equipment to locate defective components causing the appliance failure.
5. The contestant must be able to report their diagnosis to the judges. Be prepared to explain how they arrived at their diagnosis and to show what steps were taken to verify their diagnosis, including showing what voltage, resistance and other readings that were taken by utilizing the appliance's wiring schematic.
6. The contestant must be able to reassemble the appliance, making sure that no additional faults or failures have been introduced into the appliance.

**NOTES:** The Contestant must be able to:

1. Use all tools necessary.
2. Use wiring schematics and technical data sheets.
3. Work safely
4. Wear safety glasses anytime the appliance is accessed.



## **Station #1—Vertical or Horizontal Axis Washer Diagnosis**

**Time Allotted-30 Minutes**

***This exercise tests your ability to accurately diagnose an electro/mechanical failure in a vertical axis or horizontal axis washing machine.***

1. You must be able to read and follow the wiring schematic for the appliance being used.
2. You must be able to use a Volt Ohm Meter, Amp-meter, Multi-meter and other test equipment appropriate for appliance diagnosis.
3. You must be able to use common hand tools to disassemble, reassemble and access components in the appliance being used.
4. You must be able to use appropriate test equipment to locate defective components causing the appliance failure.
5. You must be able to report your diagnosis to the judge. Be prepared to explain how you arrived at your diagnosis and to show what steps you took to verify your diagnosis, including Showing what voltage, resistance and other readings that were taken by utilizing the appliance's wiring schematic.
6. You must be able to reassemble the appliance, making sure that no additional faults or failures have been introduced into the appliance.

**NOTES: You must be able to:**

1. Use all tools necessary.
2. Use wiring schematics and technical data sheets.
3. Work safely
4. Wear safety glasses and gloves anytime the appliance is accessed.



**YOU MUST FILL-IN ALL HIGHLIGHTED AREAS PRINT CLEARLY**

BRAND Any Brand		PRODUCT TYPE Washer		SERVICE INVOICE NO. M08966Z-1	
MODEL NUMBER		SERIAL NUMBER			
FIRST INITIAL K MIDDLE INITIAL C LAST NAME MISSOURI					
STREET ADDRESS 7 2 0 5 W 8 0 t h S T R E E T					
CITY O V E R L A N D P K STATE K S ZIP CODE 6 6 2 0 4					
HOME PHONE NUMBER 9 1 3 - 5 5 5 - 1 2 1 2					
CUSTOMER'S SIGNATURE				DEFECT CODE	
SERVICE PERFORMED					
SELLING DEALER/STREET/STREET CITY STATE Main Appliance Overland Park KS					
QUANTITY	FAULT / JOB CODE	PART NUMBER	DESCRIPTION	INVOICE NUMBER	PART COST
MFG. / MOTOR / DEALER UNIT NO. OLD		SERVICE AGREEMENT NUMBER		AUTHORITY & CHARGE TO MY CREDIT CARD CARD NAME	
MFG. / MOTOR / DEALER UNIT NO. NEW		SERVICE AGREEMENT EXP. DATE		CARD NUMBER	
SERVICER NUMBER		SERVICER STATE NUMBER		EXP. DATE AUTH. NO.	
CUSTOMER'S SIGNATURE		DATE		CUSTOMER'S SIGNATURE DATE	
CONTESTANT NUMBER		ESTIMATE OF REPAIR		GROSS TOTAL	
DATE		LABOR		HANDLING	
		SALES TAX		TOTAL PARTS	
		ESTIMATE TOTAL		TRIP CHARGE	
		REVISED EST. OF REPAIR		COMPLETED CALL LABOR	
		LABOR		DIAGNOSTIC FEE	
		SALES TAX		TOTAL LABOR	
		RE / EST TOTAL		TAXES	
				STATE TAX	
				LOCAL TAX	
				TOTAL	
				METHOD OF PAYMENT	
				CHARGE 3 CASH	
				OTHER	
ACCOUNT NUMBER		TELEPHONE NUMBER		INTERNAL CONTROL NO.	

**SkillsUSA Championship Contest Contestant's  
Instructions and Work Sheet**



## **Station #2– Electric Clothes Dryer Diagnosis**

**Time Allotted-30 Minutes**

***This exercise tests the ability of the contestant to accurately diagnose an electro/mechanical failure in an electric clothes dryer.***

1. You must be able to read and follow the wiring schematic for the appliance being used.
2. You must be able to use a Volt Ohm Meter, Amp-meter, Multi-meter and other test equipment appropriate for appliance diagnosis.
3. You must be able to use common hand tools to disassemble, reassemble and access components in the appliance being used.
4. You must be able to use appropriate test equipment to locate defective components causing the appliance failure.
5. You must be able to report your diagnosis to the judge. Be prepared to explain how you arrived at your diagnosis and to show what steps you took to verify your diagnosis, including showing what voltage, resistance and other readings that were taken by utilizing the appliance's wiring schematic.
6. You must be able to reassemble the appliance, making sure that no additional faults or failures have been introduced into the appliance.

**NOTES: You must be able to:**

1. Use all tools necessary.
2. Use wiring schematics and technical data sheets.
3. Work safely
4. Wear safety glasses anytime the appliance is accessed.



Major Appliance & Refrigeration Technology

**YOU MUST FILL-IN ALL HIGHLIGHTED AREAS PRINT CLEARLY**

☒ **WARRANTY** ☐ **PART WARRANTY** ☐ **SPECIAL AUTHORIZATIONS** ☐ **OTHER**

BRAND	Any Brand	PRODUCT TYPE	Electric Dryer
MODEL NUMBER	SERIAL NUMBER		

**SERVICE INVOICE NO.**

M08966Z-1

FIRST INITIAL	K	MIDDLE INITIAL	C	LAST NAME	MISSOURI			
STREET ADDRESS	7 2 0 5 W 8 0 t h S T R E E T							
CITY	O V E R L A N D P K			STATE	K S	ZIP CODE	6 6 2 0 4	
HOME PHONE NUMBER	9 1 3 - 5 5 5 - 1 2 1 2							

DATE PURCHASED	10	10	10
DATE CALL RECEIVED	06	27	13
DATE REPAIR			

SERVICE PERFORMED	ILLUSTRATE DETAIL OF PROBLEM ON REVERSE SIDE	MFR. CODE/REF.
TECHNICIAN'S SIGNATURE		

TIME STARTED	TIME COMPLETED
TOTAL TIME	TOTAL TIME

SELLING DEALER/DISTRIBUTOR	CITY	STATE		
Main Appliance	Overland Park	KS		
QUANTITY	FAULT / JOB CODE	PART NUMBER	DESCRIPTION	INVOICE NUMBER

BEFORE	AFTER
PART COST	EXTENSION

WAS I NOTED / DEALER UNIT NO. OLD	SERVICE AGREEMENT NUMBER
WAS I NOTED / DEALER UNIT NO. NEW	SERVICE AGREEMENT EXP. DATE
SERVICER NUMBER	SERVICER STATE NUMBER

SUB TOTAL	
HANDLING	
TOTAL PARTS	

The Repair Work Was Performed In A Manner Satisfactory To Me  
CUSTOMER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TRIP CHARGE	
COMPLETED CALL LABOR	
DIAGNOSTIC FEE	
TOTAL LABOR	

CONTESTANT NUMBER	
DATE	

<b>ESTIMATE OF REPAIR</b>	
PARTS	
LABOR	
SALES TAX	
<b>TOTAL EST. TOTAL</b>	
<b>REVISED EST. OF REPAIR</b>	
PARTS	
LABOR	
SALES TAX	
<b>REV. EST. TOTAL</b>	

TRAVEL	
STATE TAX	
LOCAL TAX	
<b>TOTAL</b>	
METHOD OF PAYMENT	CASH

ACCOUNT NUMBER	TRANSMITTAL NUMBER	INTERNAL CONTROL NO.	ADMITTED BY	OTHER
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**SkillsUSA Championship Contest Contestant's  
Instructions and Work Sheet**



## **Station #3—Dual Fuel Freestanding Range Diagnosis**

Time Allotted-30 Minutes

***This exercise tests your ability to accurately diagnose an electro/mechanical failure in an dual fuel free standing range.***

1. You must be able to read and follow the wiring schematic for the appliance being used.
2. You must be able to use a Volt Ohm Meter, Amp-meter, Multi-meter and other test equipment appropriate for appliance diagnosis.
3. You must be able to use common hand tools to disassemble, reassemble and access components in the appliance being used.
4. You must be able to use appropriate test equipment to locate defective components causing the appliance failure.
5. You must be able to report your diagnosis to the judge. Be prepared to explain how you arrived at your diagnosis and to show what steps you took to verify your diagnosis, including showing what voltage, resistance and other readings that were taken by utilizing the appliance's wiring schematic.
6. You must be able to reassemble the appliance, making sure that no additional faults or failures have been introduced into the appliance.

NOTES: You must be able to:

1. Use all tools necessary.
2. Use wiring schematics and technical data sheets.
3. Work safely
4. Wear safety glasses anytime the appliance is accessed.





**YOU MUST FILL-IN ALL HIGHLIGHTED AREAS PRINT CLEARLY**

BRAND <b>Any Brand</b>		PRODUCT TYPE <b>Dual Fuel Range</b>		SERVICE INVOICE NO. <b>M08966Z-1</b>	
MODEL NUMBER		SERIAL NUMBER			
FIRST INITIAL <b>K</b> MIDDLE INITIAL <b>C</b> LAST NAME <b>MISSOURI</b>					
STREET ADDRESS <b>7205 W 80th STREET</b>					
CITY <b>OVERLAND PARK</b>		STATE <b>KS</b>		ZIP CODE <b>66204</b>	
HOME PHONE NUMBER <b>913-555-1212</b>					
CUSTOMER'S NAME				DEFECT CODE	
SERVICE PERFORMED: <input type="checkbox"/> ILLUSTRATE DETAIL OF PROBLEM ON REVERSE SIDE <input type="checkbox"/> M.P. CODE REF.					
SELLING DEALER/DISTRIBUTOR <b>Main Appliance Overland Park KS</b>					
QUANTITY	FAULT / JOB CODE	PART NUMBER	DESCRIPTION	SERVICE NUMBER	PART COST
NAME / MOTOR / DEALER UNIT NO. OLD		SERVICE AGREEMENT NUMBER		AUTHORIZE A CHARGE TO MY CREDIT CARD	
NAME / MOTOR / DEALER UNIT NO. NEW		SERVICE AGREEMENT EXP. DATE		CARD NUMBER	
SERVICER NUMBER		SERVICER STATE NUMBER		EXP. DATE AUTH. NO.	
CUSTOMER'S SIGNATURE		DATE		CUSTOMER'S SIGNATURE DATE	
CONTESTANT NUMBER		ESTIMATE OF REPAIR		SUB TOTAL	
DATE		PARTS		HANDLES	
		LABOR		TOTAL PARTS	
		SALES TAX		TRIP CHARGE	
		ESTIMATE'S TOTAL		COMPLETED CALL LABOR	
		REVISED EST. OF REPAIR		DIAGNOSTIC FEE	
		PARTS		TOTAL LABOR	
		LABOR		TRAVEL	
		SALES TAX		STATE TAX	
		REV EST TOTAL		LOCAL TAX	
				TOTAL	
				METHOD OF PAYMENT	
				CASH	
				OTHER	
ACCOUNT NUMBER		TRANSMITTAL NUMBER		INTERNAL CONTROL NO.	

**SkillsUSA Championship Contest Contestant's  
Instructions and Work Sheet**



## **Station #4— Refrigerator Diagnosis**

Time Allotted- 30 Minutes

***This exercise tests your ability to accurately diagnose an electro/mechanical failure in a refrigerator.***

1. You must be able to read and follow the wiring schematic for the appliance being used.
2. You must be able to use a Volt Ohm Meter, Amp-meter, Multi-meter and other test equipment appropriate for appliance diagnosis.
3. You must be able to use common hand tools to disassemble, reassemble and access components in the appliance being used.
4. You must be able to use appropriate test equipment to locate defective components causing the appliance failure.
5. You must be able to report your diagnosis to the judge. Be prepared to explain how you arrived at your diagnosis and to show what steps you took to verify your diagnosis, including showing what voltage, resistance and other readings that were taken by utilizing the appliance's wiring schematic.
6. You must be able to reassemble the appliance, making sure that no additional faults or failures have been introduced into the appliance.

NOTES: You must be able to:

1. Use all tools necessary.
2. Use wiring schematics and technical data sheets.
3. Work safely
4. Wear safety glasses anytime the appliance is accessed.



Major Appliance & Refrigeration Technology

YOU MUST FILL-IN ALL HIGHLIGHTED AREAS PRINT CLEARLY

<input checked="" type="checkbox"/> <b>WARRANTY</b>		<input type="checkbox"/> <b>PART WARRANTY</b>	<input type="checkbox"/> <b>SPECIAL AUTHORIZATIONS</b>	<input type="checkbox"/> <b>OTHER</b>
BRAND <b>Any Brand</b>		PRODUCT TYPE <b>Refrigerator</b>		SERVICE INVOICE NO. <b>M08966Z-1</b>
MODEL NUMBER		SERIAL NUMBER		
FIRST INITIAL <b>K</b> MIDDLE INITIAL <b>C</b> LAST NAME <b>MISSOURI</b>				
STREET ADDRESS <b>7205 W 80th STREET</b>				
CITY <b>OVERLAND PARK</b> STATE <b>KS</b> ZIP CODE <b>66204</b>				
HOME PHONE NUMBER <b>913-555-1212</b>				
CUSTOMER'S ADDRESS				
REPAIR CODE				
DATE PURCHASED <b>10 10 10</b>				
DATE CALL RECEIVED <b>06 27 13</b>				
DATE REPAIRED				
NOT HOME LACK PART CALL BACK				
TIME STARTED TIME STOPPED				
TIME COMPLETED TIME COMPLETED				
TOTAL TIME TOTAL TIME				
MINUTE SECOND				
BEFORE AFTER				
PART COST EXTENSION				
ESTIMATE OF REPAIR				
REVISED EST. OF REPAIR				
TOTAL				
METHOD OF PAYMENT				
CASH				
ACCOUNT NUMBER				
TRANSACTIONAL NUMBER				
INTERNAL CONTROL NO.				
APPROVED BY				
OTHER				

**SkillsUSA Championship Contest Contestant's  
Instructions and Work Sheet**



## **Station #5– Brazing Exercise**

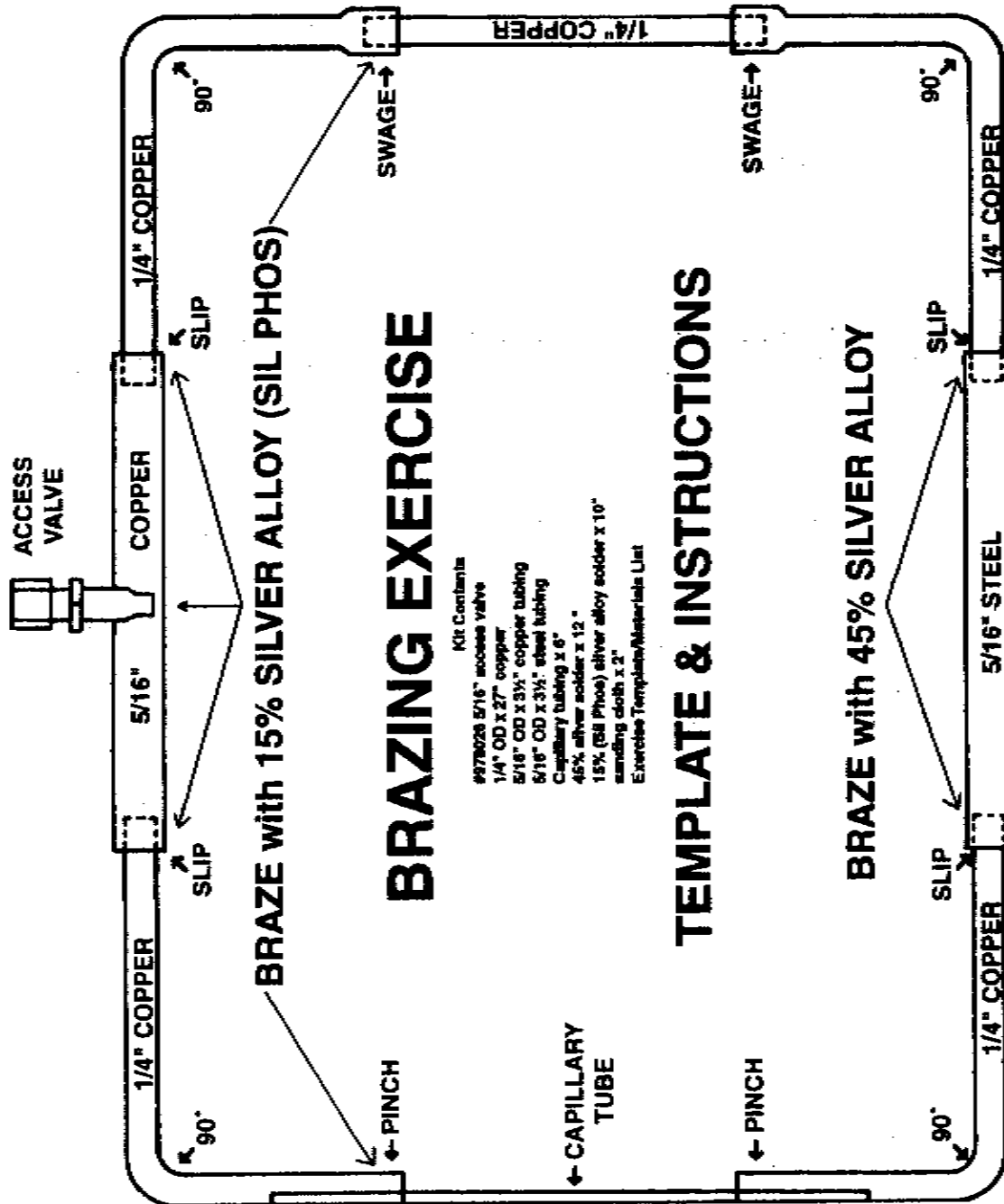
**Time Allotted-30 Minutes**

***This exercise tests your ability to accurately fabricate and properly braze various sizes and types of tubing commonly used in refrigeration sealed systems.***

1. You must be able to read and follow the instructions that come with the project.
2. You must be able to select, measure, cut, swage and bend tubing per the projects specifications.
3. You must be able to use common tools associated with brazing tubing cutter, swaging tools, tubing bender, reamer and air-acetylene torch.
4. You must demonstrate your understanding of proper preparation of copper and steel tubing before brazing. Proper sanding, swaging, cutting of cap tube and pinch joints of tubing.
5. You must strive for aesthetically pleasing brazed joints and to maintain the size and shape of the project to as close to the specifications as possible.
6. You must be able to correctly join the copper to copper and copper to steel tubing using the appropriate brazing material and flux to create a leak free assembly.

**NOTES: You must be able to:**

1. Use all tools necessary.
2. Follow the projects specifications sheet.
3. Work safely
4. Wear safety glasses at all times



**SkillsUSA Championship Contest Contestant's  
Instructions and Work Sheet**



## **Station #6— Dishwasher Diagnosis**

**Time Allotted-30 Minutes**

***This exercise tests the ability of the contestant to accurately diagnose an electro/mechanical failure in a dishwasher.***

1. You must be able to read and follow the wiring schematic for the appliance being used.
2. You must be able to use a Volt Ohm Meter, Amp-meter, Multi-meter and other test equipment appropriate for appliance diagnosis.
3. You must be able to use common hand tools to disassemble, reassemble and access components in the appliance being used
4. You must be able to use appropriate test equipment to locate defective components causing the appliance failure.
5. You must be able to report your diagnosis to the judge. Be prepared to explain how you arrived at your diagnosis and to show what steps you took to verify your diagnosis, including showing what voltage, resistance and other readings that were taken by utilizing the appliance's wiring schematic.
6. You must be able to reassemble the appliance, making sure that no additional faults or failures have been introduced into the appliance.

**NOTES: You must be able to:**

1. Use all tools necessary.
2. Use wiring schematics and technical data sheets.
3. Work safely
4. Wear safety glasses anytime the appliance is accessed.



**YOU MUST FILL-IN ALL HIGHLIGHTED AREAS PRINT CLEARLY**

M08966Z-1

ACCOUNT NUMBER	TELEPHONE NUMBER	INTERNAL CONTROL NO.	ASSIGNED BY	OTHER
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**SkillsUSA Championship Contest Contestant's  
Instructions and Work Sheet**



## **Station #7— Microwave Oven Diagnosis**

**Time Allotted-30 Minutes**

***This exercise tests your ability to accurately diagnose an electro/mechanical failure in a microwave oven.***

1. You must be able to read and follow the wiring schematic for the appliance being used.
2. You must be able to use a Volt Ohm Meter, Amp-meter, Multi-meter and other test equipment appropriate for appliance diagnosis.
3. You must be able to use common hand tools to disassemble, reassemble and access components in the appliance being used.
4. You must be able to use appropriate test equipment to locate defective components causing the appliance failure.
5. You must be able to report your diagnosis to the judge. Be prepared to explain how you arrived at your diagnosis and to show what steps you took to verify your diagnosis, including showing what voltage, resistance and other readings that were taken by utilizing the appliance's wiring schematic.
6. You must be able to reassemble the appliance, making sure that no additional faults or failures have been introduced into the appliance.

**NOTES: You must be able to:**

1. Use all tools necessary.
2. Use wiring schematics and technical data sheets.
3. Work safely
  - A. Exercise extreme caution when using the electrical equipment.
  - B. Always discharge the capacitor before working on the appliance.
4. Wear safety glasses anytime the appliance is accessed.





Major Appliance & Refrigeration Technology

**YOU MUST FILL-IN ALL HIGHLIGHTED AREAS PRINT CLEARLY**

☒ **WARRANTY** ☐ **PART WARRANTY** ☐ **SPECIAL AUTHORIZATION#** ☐ **OTHER**

**BRAND** Any Brand **PRODUCT TYPE** Microwave Oven

**SERVICE INVOICE NO.**

**MODEL NUMBER** **SERIAL NUMBER**

M08966Z-1

**FIRST INITIAL** K **MIDDLE INITIAL** C **LAST NAME** MISSOURI

**STREET ADDRESS** 7205 W 80th STREET

**CITY** OVERLAND PK **STATE** KS **ZIP CODE** 66204

**HOME PHONE NUMBER** 913-555-1212

**CUSTOMER'S REQUEST:**

**DEFECT CODE**

**SERVICE PERFORMED:** ☐ **ILLUSTRATE DETAIL OF PROBLEM ON REVERSE SIDE** **SFS CODES:**

**DATE PURCHASED**  
10 | 10 | 10  
**DATE CALL RECEIVED**  
06 | 27 | 13  
**DATE REPAIRED**

☐ **NOT DONE** ☐ **LACK PART** ☐ **CALL BACK**  
**TIME STARTED** **TIME COMPLETED**  
**TOTAL TIME** **TOTAL TIME**  
1

**SELLING DEALER/DISTRIBUTOR** **CITY** Overland Park **STATE** KS  
**Main Appliance**

**BEFORE** **AFTER**

QUANTITY	PART / JOB CODE	PART NUMBER	DESCRIPTION	INVOICE NUMBER	PART COST	EXTENSION

<b>REG. / MOTOR / SEALES UNIT NO. OLD</b>	<b>SERVICE AGREEMENT NUMBER</b>	<b>CARD NAME</b>	<b>SUB TOTAL</b>
<b>REG. / MOTOR / SEALES UNIT NO. NEW</b>	<b>SERVICE AGREEMENT EXP. DATE</b>	<b>CARD NUMBER</b>	<b>HANDLING</b>
<b>SERVICE NUMBER</b>	<b>SERVICE STATE NUMBER</b>	<b>EXP. DATE</b> <b>AUTH. NO.</b>	<b>TOTAL PARTS</b>

**CUSTOMER'S SIGNATURE** **DATE** **CUSTOMER'S SIGNATURE** **DATE**

I hereby certify the above service has been performed & parts used

**CONTESTANT NUMBER**  
**DATE**

**ESTIMATE OF REPAIR**

<b>PARTS</b>		
<b>LABOR</b>		
<b>SALES TAX</b>		
<b>ESTIMATE TOTAL</b>		
<b>REVISED EST. OF REPAIR</b>		
<b>PARTS</b>		
<b>LABOR</b>		
<b>SALES TAX</b>		
<b>REVISED TOTAL</b>		

<b>TRIP CHARGE</b>		
<b>COMPLETED CALL LABOR</b>		
<b>DIAGNOSTIC FEE</b>		
<b>TOTAL LABOR</b>		
<b>TRAVEL</b>		
<b>STATE TAX</b>		
<b>LOCAL TAX</b>		
<b>TOTAL</b>		
<b>METHOD OF PAYMENT</b>		
<b>CASH</b>		

**ACCOUNT NUMBER** **TRANSMITTAL NUMBER** **INTERNAL CONTROL NO.** **AUDITED BY** **OTHER**



**Major Appliance & Refrigeration Technology  
Employability Skills/Job Interview**

Contestant # \_\_\_\_\_

Date \_\_\_\_\_

**Allotted Time 30 Minutes**

Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Total Minutes \_\_\_\_\_

**General Questions**

- Tell me about your recent work experience(s).
- What strengths and weaknesses would you bring to this position?
- What is your understanding of this position and what skills do you bring to the position?
- What types of job responsibilities do you find to be most rewarding? Why?
- What types of job responsibilities do you find to be most frustrating? Why?
- Tell me about your computer skills and what type of software you are experienced with.
- What type of management style do you prefer (hands-on, frequent supervision, minimal supervision, etc.) and why?

Evaluation Items	Possible Points	Points Awarded	Comments
Completeness of Application	25		
Neatness of Application	25		
Response to Questions	25		
Overall Employability Skill:	25		
Resume Submitted	Yes or No		
<b>TOTAL SCORE</b>	<b>100</b>		

Additional Comments:

Judge's Information: Your Signature: \_\_\_\_\_

Please Print Your Name: \_\_\_\_\_

Company/Association Representing: \_\_\_\_\_



**Major Appliance & Refrigeration Technology  
Employability Skills/Job Interview**

Contestant # \_\_\_\_\_

Date \_\_\_\_\_

**Allotted Time 30 Minutes**

Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Total Minutes \_\_\_\_\_

**General Questions**

- Tell me about your recent work experience(s).
- What strengths and weaknesses would you bring to this position?
- What is your understanding of this position and what skills do you bring to the position?
- What types of job responsibilities do you find to be most rewarding? Why?
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- What type of management style do you prefer (hands-on, frequent supervision, minimal supervision, etc.) and why?

Evaluation Items	Possible Points	Points Awarded	Comments
Completeness of Application	25		
Neatness of Application	25		
Response to Questions	25		
Overall Employability Skills	25		
Resume Submitted	Yes or No		
<b>TOTAL SCORE</b>	<b>100</b>		

Additional Comments:

Judge's Information: Your Signature: \_\_\_\_\_  
Please Print Your Name: \_\_\_\_\_  
Company/Association Representing: \_\_\_\_\_

# SAMPLE JOB APPLICATION

**PLEASE NOTE:** It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Contestant Number				Position Applying For			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's license number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
<b>High School</b>				
<b>College or Business Trade School</b>				
<b>Military</b>				
Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered	
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date	
Specialty				

### Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?    ☐ Yes    ☐ No

### References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

4.

***I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.***

Signature

Date

### Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?    ☐ Yes    ☐ No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?    ☐ Yes    ☐ No