

# Brithinee Electric Employee EXPERIENCE, EDUCATION, AND TRAINING HISTORY

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Last name First name Middle initial Date

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Street City Zip Phone No.

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Social Security Number Employee Number California Drivers License #

<b>EDUCATION</b>	Name and location of school	No. of Yrs.	Graduate?	Subjects studied or major
Grammar School (K-8th)				
High School				
College				
Business School				

## **EASA TRAINING**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AC Motor Redesign               | <input type="checkbox"/> Pump Repair                           | <input type="checkbox"/> Strategic Selling             |
| <input type="checkbox"/> Selling & Applying Inverters    | <input type="checkbox"/> Mechanical Repair                     | <input type="checkbox"/> Training for Shop Supervisors |
| <input type="checkbox"/> DC Theory & Test Procedures     | <input type="checkbox"/> Root Cause Failure Analysis of Motors | <input type="checkbox"/> Technical Correction Services |
| <input type="checkbox"/> Intro to Predictive Maintenance | <input type="checkbox"/> Professional Selling                  | <input type="checkbox"/> None of the above             |
| <input type="checkbox"/> Inside Sales Training           | <input type="checkbox"/> Working with Servos                   |  |

## **OTHER COURSE WORK** (Manufacturer schools, seminars)

<b>Year</b>	<b>Course Title</b>	<b>Hours/Units</b>	<b>Subject Matter</b>

## **CERTIFICATES OR OTHER COURSE WORK**

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## **SPECIAL SKILLS, HONORS, AWARDS, MERITS**

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## ACTIVITIES (Civic, athletic, cultural)

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Exclude organizations the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

## U.S. MILITARY SERVICE

Branch	Rank	Present membership in National Guard or Reserves
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## TRAINING DESIRED

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## FORMER EMPLOYERS (List below the last four employers, starting with the last one first.)

DATE MONTH AND YEAR	NAME AND CITY OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM TO			
FROM TO			
FROM TO			
FROM TO			

## EXPERIENCE EVALUATION

1. Your Skills: Check any of the following **skills** you feel confident in performing on the job.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Alignment          | <input type="checkbox"/> Dynamic balancing | <input type="checkbox"/> Multi-machine   | <input type="checkbox"/> Vibration analysis |
| <input type="checkbox"/> Braze              | <input type="checkbox"/> Flame spray       | <input type="checkbox"/> Silver solder   | <input type="checkbox"/> Welding            |
| <input type="checkbox"/> Coil Design        | <input type="checkbox"/> Machining         | <input type="checkbox"/> Surge testing   | <input type="checkbox"/> Winding            |
| <input type="checkbox"/> Coil manufacturing | <input type="checkbox"/> Mechanical repair | <input type="checkbox"/> Troubleshooting | <input type="checkbox"/> None of the above  |

2. What **size motors** have you worked on? Check all that apply. Circle the one that describes most of your work.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> (1) 1 - 50 hp    | <input type="checkbox"/> (3) 100 - 500 hp | <input type="checkbox"/> (5) Fractional to 250 hp | <input type="checkbox"/> (7) Over 5000 hp               |
| <input type="checkbox"/> (2) 50 - 5000 hp | <input type="checkbox"/> (4) 50 - 1000 hp | <input type="checkbox"/> (6) Fractional to 500 hp | <input type="checkbox"/> (8) No motor repair experience |

3. What kind of **motor rewind work** have you done? Check all that apply. Circle the one that describes the majority of your experience.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> (1) Random wound | <input type="checkbox"/> (4) Make connections AC | <input type="checkbox"/> (7) Rotor rebarring | <input type="checkbox"/> (10) Stators                 |
| <input type="checkbox"/> (2) Form wound   | <input type="checkbox"/> (5) Make connections DC | <input type="checkbox"/> (8) Take data       | <input type="checkbox"/> (11) DC Fields               |
| <input type="checkbox"/> (3) Three phase  | <input type="checkbox"/> (6) Redesign            | <input type="checkbox"/> (9) Armatures       | <input type="checkbox"/> (12) No rewinding experience |

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4. What kinds of **motors** have you worked with? Check all that apply. Circle the one that describes most of your work.

- |  |  |
|--|--|
| <input type="checkbox"/> (1) AC synchronous                | <input type="checkbox"/> (6) DC motors         |
| <input type="checkbox"/> (2) AC wound rotor induction      | <input type="checkbox"/> (7) None of the above |
| <input type="checkbox"/> (3) AC induction NEMA frame       |  |
| <input type="checkbox"/> (4) AC induction above-NEMA frame |  |
| <input type="checkbox"/> (5) AC vertical motors            |  |

5. What kinds of **motor related equipment** have you worked with? Check all that apply. Circle the one that describes most of your work.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> (1) Anti-friction bearings | <input type="checkbox"/> (5) Hoists & cranes              | <input type="checkbox"/> (9) Seals              |
| <input type="checkbox"/> (2) Coils                  | <input type="checkbox"/> (6) Insulation & varnishes       | <input type="checkbox"/> (10) Sleeve bearings   |
| <input type="checkbox"/> (3) Controls               | <input type="checkbox"/> (7) Power transmission equipment | <input type="checkbox"/> (11) Test instruments  |
| <input type="checkbox"/> (4) Generators             | <input type="checkbox"/> (8) Pumps                        | <input type="checkbox"/> (12) None of the above |

6. Tell us about your **coil fabrication experience**. Check all that apply. Circle the one that describes most of your work.

- (1) Field coils    (2) Formed coils    (3) Mush/random coils    (4) None of the above    Other...

7. What kind of **machine shop experience** do you have? For each of the following, mark **1** if you have no experience; mark **2** if you have some experience but are not completely proficient, and mark **3** if you are fully proficient.

1 = No experience   2 = Some experience, not proficient   3 = Completely proficient

- |                                       |  |
|---------------------------------------|--|
| <input type="text"/> Horizontal Mill  | <input type="text"/> Lathe work            |
| <input type="text"/> Vertical Mill    | <input type="text"/> Vertical Turret Lathe |
| <input type="text"/> Vertical Drill   | <input type="text"/> OD Micrometers        |
| <input type="text"/> Horizontal Press | <input type="text"/> ID Micrometers        |
| <input type="text"/> Vertical Press   | <input type="text"/> Vernier Calipers      |
| <input type="text"/> Keyseat cutter   |  |

8. Tell us about your **welding experience**. For each of the following, mark **1** if you have no experience; mark **2** if you have some experience but are not completely proficient, and mark **3** if you are fully proficient.

1 = No experience   2 = Some experience, not proficient   3 = Completely proficient

- |                              |                                    |
|------------------------------|------------------------------------|
| <input type="text"/> Brazing | <input type="text"/> Electric arc  |
| <input type="text"/> MIG     | <input type="text"/> Oxyacetylene  |
| <input type="text"/> TIG     | <input type="text"/> Silver solder |

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9. Tell us about your **controls and electronics** experience. For each of the following, mark **1** if you have no experience; mark **2** if you have some experience but are not completely proficient, and mark **3** if you are fully proficient.

1 = No experience    2 = Some experience, not proficient    3 = Completely proficient

<input type="checkbox"/> Oscilloscope <input type="checkbox"/> Punch Press <input type="checkbox"/> Brake <input type="checkbox"/> Shears <input type="checkbox"/> Power Quality (harmonics, line disturbance meters) <input type="checkbox"/> Digital meters	<input type="checkbox"/> Closed loop controllers <input type="checkbox"/> Torque tools <input type="checkbox"/> Control wiring <input type="checkbox"/> SCADA systems <input type="checkbox"/> Ladder diagrams <input type="checkbox"/> Schematic diagrams
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10. Tell us about your **computer** experience. For each of the following, mark **1** if you have no experience; mark **2** if you have some experience but are not completely proficient, and mark **3** if you are fully proficient.

1 = No experience    2 = Some experience, not proficient    3 = Completely proficient

<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Claris FileMaker <input type="checkbox"/> Claris Draw <input type="checkbox"/> Vellum CAD <input type="checkbox"/> AutoCAD <input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> HyperCard <input type="checkbox"/> Adobe PageMaker <input type="checkbox"/> Adobe Illustrator <input type="checkbox"/> Adobe PhotoShop <input type="checkbox"/> Great Plains AP <input type="checkbox"/> Great Plains AR <input type="checkbox"/> Great Plains General Ledger <input type="checkbox"/> Dun & Bradstreet Marketing <input type="checkbox"/> Internet browsers
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11. Management: Check any of the following **tasks** you feel confident in performing.

<input type="checkbox"/> Knowledge of financial statements <input type="checkbox"/> Financial ratios and measures <input type="checkbox"/> Familiarity with tax forms <input type="checkbox"/> Procedure writing <input type="checkbox"/> Payroll processing <input type="checkbox"/> Inventory control <input type="checkbox"/> Price sheet maintenance <input type="checkbox"/> Database file maintenance <input type="checkbox"/> Scheduling and planning <input type="checkbox"/> Organization charts <input type="checkbox"/> Flow charts	<input type="checkbox"/> Property asset management <input type="checkbox"/> Cash flow analysis <input type="checkbox"/> Creating budgets <input type="checkbox"/> Petty cash management <input type="checkbox"/> Trainer <input type="checkbox"/> Seminar presenter <input type="checkbox"/> Seminar or event planner <input type="checkbox"/> Quality system implementer <input type="checkbox"/> Sales manager <input type="checkbox"/> Marketing manager <input type="checkbox"/> Account manager	<input type="checkbox"/> Customer service department manager <input type="checkbox"/> Public relations <input type="checkbox"/> Advertising manager <input type="checkbox"/> Promotions planner <input type="checkbox"/> Management Informations Systems <input type="checkbox"/> Computer network administrator <input type="checkbox"/> Computer trainer <input type="checkbox"/> None of the above <input type="checkbox"/> Other...
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12. Office Automation: Check any of the following **devices** with which you feel confident in using.

- |  |   |
|--|---|
| <input type="checkbox"/> Calculator                    | <input type="checkbox"/> Broadcast fax          |
| <input type="checkbox"/> Electric typewriter           | <input type="checkbox"/> Photocopier            |
| <input type="checkbox"/> Postal                        | <input type="checkbox"/> Computer (DOS/Windows) |
| <input type="checkbox"/> Book binding                  | <input type="checkbox"/> Computer (Macintosh)   |
| <input type="checkbox"/> Multi-line telephone (Merlin) | <input type="checkbox"/> None of the above      |
| <input type="checkbox"/> Fax                           | <input type="checkbox"/> Other...               |

13. Tell us about your **sales or marketing experience**. For each of the following, mark **1** if you have no experience; mark **2** if you have some experience but are not completely proficient, and mark **3** if you are fully proficient.

1 = No experience    2 = Some experience, not proficient    3 = Completely proficient

- |                      |                      |                      |                             |
|----------------------|----------------------|----------------------|-----------------------------|
| <input type="text"/> | Inside sales         | <input type="text"/> | Mail order or catalog sales |
| <input type="text"/> | Outside sales        | <input type="text"/> | Goal setting                |
| <input type="text"/> | Application engineer | <input type="text"/> | Sales planning              |

14. Tell us about your **product expertise**. For each of the following, mark **1** if you have no expertise; mark **2** if you have some expertise but are not completely proficient, and mark **3** if you are fully proficient.

1 = No expertise    2 = Some expertise, not proficient    3 = Completely proficient

- |                      |                                 |                      |                                    |
|----------------------|---------------------------------|----------------------|------------------------------------|
| <input type="text"/> | AC motors through 200 HP        | <input type="text"/> | Adjustable frequency drives        |
| <input type="text"/> | AC motors above 200 HP          | <input type="text"/> | AC soft starters                   |
| <input type="text"/> | Special AC motors               | <input type="text"/> | DC controls                        |
| <input type="text"/> | DC Motors                       | <input type="text"/> | Programmable controllers           |
| <input type="text"/> | Gear reducers and transmissions | <input type="text"/> | Switchboards and metering sections |
| <input type="text"/> | AC motor starters               |                      |                                    |

15. Brand names: Check any of the following **brands** with which you feel confident in selling.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AC Tech Drives             | <input type="checkbox"/> Furnas Controls       | <input type="checkbox"/> Square D Soft Starters    |
| <input type="checkbox"/> Action Instruments         | <input type="checkbox"/> Lincoln Electric      | <input type="checkbox"/> Square D Starters         |
| <input type="checkbox"/> Allen-Bradley              | <input type="checkbox"/> Marathon Electric     | <input type="checkbox"/> Sterling Electric         |
| <input type="checkbox"/> Baldor Drives              | <input type="checkbox"/> MotorSaver Protectors | <input type="checkbox"/> Tatung                    |
| <input type="checkbox"/> Baldor Lectron Soft Starts | <input type="checkbox"/> MotoSafe Protectors   | <input type="checkbox"/> Teco Drives               |
| <input type="checkbox"/> Baldor Motors              | <input type="checkbox"/> Reliance Electric     | <input type="checkbox"/> Teco Motors               |
| <input type="checkbox"/> Bauer Gearmotors           | <input type="checkbox"/> Siemens Breakers      | <input type="checkbox"/> Toshiba Drives            |
| <input type="checkbox"/> Brook Hansen Motors        | <input type="checkbox"/> Siemens Drives        | <input type="checkbox"/> Toshiba Motors            |
| <input type="checkbox"/> Century Magnetek Motors    | <input type="checkbox"/> Siemens Motors        | <input type="checkbox"/> Toshiba Soft Starters     |
| <input type="checkbox"/> Electra Gear               | <input type="checkbox"/> Siemens Starters      | <input type="checkbox"/> Toshiba Vacuum Contactors |
| <input type="checkbox"/> Eurodrive Gearmotors       | <input type="checkbox"/> Square D Breakers     | <input type="checkbox"/> U.S. Motors               |
| <input type="checkbox"/> Fuji Controllers           | <input type="checkbox"/> Square D Drives       | <input type="checkbox"/> U.S. Motors Verticals     |

16. Driving skills: Check any of the following **skills** with which you are qualified or specially licensed.

- |   |  |
|---|--|
| <input type="checkbox"/> Valid California drivers license   | <input type="checkbox"/> Cannot drive at night         |
| <input type="checkbox"/> Familiar with Thomas Bros maps     | <input type="checkbox"/> Legal restrictions on driving |
| <input type="checkbox"/> Uses manual "stick" shift trans    | <input type="checkbox"/> Other...                      |
| <input type="checkbox"/> Uses only automatic transmission   |  |
| <input type="checkbox"/> Licensed for over 25000 pounds GVW |  |