



# American Property Management

2154 NE Broadway, Portland, OR 97232

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Commercial Division: 503-281-7779 | Fax: 503-460-2616

Residential Division: 503-284-2147 | Fax: 503-287-1587

You have applied for a maintenance position with our firm. To best evaluate your employment application, we ask that you kindly complete this questionnaire, outlining your general maintenance experience. If additional space is needed, you may use the reverse side.

Type of work	Yes	No	Experience	While employed by
Appliance repair	<input type="checkbox"/>	<input type="checkbox"/>	Type of Appliances: _____ _____	_____ _____
<b>Painting:</b>			Spray      Brush      Roll	
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Plumbing maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Carpet cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Type of Machine Used: _____ _____	_____ _____
<b>Carpentry:</b>				
New construction	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Maintenance work	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Window glass replacement	<input type="checkbox"/>	<input type="checkbox"/>	Wood Frame      Metal Frame <input type="checkbox"/> <input type="checkbox"/>	_____ _____
Can you cut glass?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Cement maintenance work	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Electrical maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Sheet rock	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
<b>Sheet rock:</b>				
Taping	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Repair work	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Roof repair	<input type="checkbox"/>	<input type="checkbox"/>	Type of Roof: _____ _____	_____ _____
Apartment cleaning	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____
Linoleum replacement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____

Formica replacement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
			_____	_____
<b>Oil burner repair:</b>			_____	_____
Light oil	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
			_____	_____
Heavy oil	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
			_____	_____
Carpet laying	<input type="checkbox"/>	<input type="checkbox"/>	Type of Roof: _____	_____
			_____	_____
Refrigeration repair	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
			_____	_____
Sheet metal work	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
			_____	_____
Other experience (Not covered)	_____		_____	_____
	_____		_____	_____
	_____		_____	_____

Type of equipment operated:	Yes	No		
1. Paint Sprayer	<input type="checkbox"/>	<input type="checkbox"/>	9. Frozen Pipe Thawer	<input type="checkbox"/> <input type="checkbox"/>
2. Carpet Cleaning Equipment	<input type="checkbox"/>	<input type="checkbox"/>	10. Router	<input type="checkbox"/> <input type="checkbox"/>
3. Plumber Auger	<input type="checkbox"/>	<input type="checkbox"/>	11. Electric Floor Polisher	<input type="checkbox"/> <input type="checkbox"/>
4. Jack Hammer	<input type="checkbox"/>	<input type="checkbox"/>	12. Key Machine	<input type="checkbox"/> <input type="checkbox"/>
5. Electric Drill	<input type="checkbox"/>	<input type="checkbox"/>	13. Other equipment	
6. Power Saw	<input type="checkbox"/>	<input type="checkbox"/>	_____	
7. Pipe Cutting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	
8. Wall Paper Remover	<input type="checkbox"/>	<input type="checkbox"/>	_____	

Answer the following questions with an "X" in the appropriate box.

	Yes	No
1. Do heights bother you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you allergic to paint?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any restriction on lifting?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a valid Oregon Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you drive a "stick shift"?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been arrested for driving under the influence of drugs or alcohol? (If yes, explain on separate page.)	<input type="checkbox"/>	<input type="checkbox"/>