

NCSRCC MEMBER INFORMATION EXCHANGE AUTOMATED LINE 855-456-2141.

Calls and text messages from Mix 2020 will come from 651-240-2140.



North Central States Regional Council of Carpenters CARPENTER SKILL SHEET

Dispatch Office: 1-855-987-2020 Email: skills@ncsrcc.org

Send to: Dispatch, NCSRCC, 10761 Virginia Plaza, Suite 100, Papillion, NE 68128

PLEASE PRINT LEGIBLY!

Name _____ UBC ID# _____ UBC Local # _____

Address _____ Phone Number _____
(Please include area code) Cell [] YES [] NO

City _____ State _____ Zip _____

Email _____ Are you a veteran? [] YES [] NO

Ethnicity: [] Asian [] Hispanic [] Caucasian [] African-American
[] Native American [] Other _____

YOU HAVE EXPERIENCE TO ACCEPT WORK IN THE FOLLOWING:

(Mark with a check ✓ below.)

- | | |
|--|--|
| <input type="checkbox"/> Architectural Siding (ARCHMTL) | <input type="checkbox"/> Insulation (INSSPR) |
| <input type="checkbox"/> Bathroom Finish/Partitions (FINISHTP) | <input type="checkbox"/> Nuclear Plant Experience (NUKE) |
| <input type="checkbox"/> Bilingual - Spanish (SPANISH) | <input type="checkbox"/> Overhead Door (OHDR) |
| <input type="checkbox"/> Bridges/Highway (BRIDGEHH) | <input type="checkbox"/> Pile Driver (PILEDVR) |
| <input type="checkbox"/> Cabinet Installation (CABINET) | <input type="checkbox"/> Refinery Experience (REFINERY) |
| <input type="checkbox"/> Ceilings - Acoustical (CEILING) | <input type="checkbox"/> Refrigeration Panels (REFPNL) |
| <input type="checkbox"/> Commercial Doors/Hardware (DRHDW) | <input type="checkbox"/> Residential Trim (RESFIN) |
| <input type="checkbox"/> Commercial Trim (COMFIN) | <input type="checkbox"/> Roofing (MTLRF) |
| <input type="checkbox"/> Commercial Lather (LATHER) | <input type="checkbox"/> Scaffold Experience (SCAFEXP) |
| <input type="checkbox"/> Computer Floors (COMPFLR) | <input type="checkbox"/> Shoring (SHORE) |
| <input type="checkbox"/> Concrete Forms (FORMS) | <input type="checkbox"/> Siding (SIDING) |
| <input type="checkbox"/> Drywall Finisher (DWFIN) | <input type="checkbox"/> Steel Stud Framing (SSFRM) |
| <input type="checkbox"/> Drywall on Steel (DWSTL) | <input type="checkbox"/> Trade Show Experience (TSEXP) |
| <input type="checkbox"/> Drywall on Wood (DWWD) | <input type="checkbox"/> TWIC card holder (TWIC) |
| <input type="checkbox"/> Fixture Installation (FIXTURE) | <input type="checkbox"/> Wood Floor Installation (WDFLR) |
| <input type="checkbox"/> Foreman (COMFOR) | <input type="checkbox"/> Wood Framing (WDFRM) |
| <input type="checkbox"/> Furniture/Partitions (FURNPAR) | <input type="checkbox"/> Window Installation (WINDOW) |
| <input type="checkbox"/> Layout (COMLAY) | |

YOU ARE TRAINED/CERTIFIED IN THE FOLLOWING:

(Mark with a check ✓ below.)

- | | |
|---|---|
| <input type="checkbox"/> Fall protection (FALLP) | <input type="checkbox"/> MSHA (MSHA) |
| <input type="checkbox"/> First Aid/CPR (FIRSTAID) | <input type="checkbox"/> Pro 10 (PRO10) |
| <input type="checkbox"/> Hazardous Waste Worker (HAZWW) | |

The following qualifications/certifications ARE AUTOMATICALLY UPDATED through the TRAIN educational system. Please make sure your records are up-to-date.

- | | |
|---|-----------------------------|
| Aerial Lift (AERLIFT) | Millwright 16 (MW16) |
| Confined Space (CONFINED) | OSHA 10 (OSHA10) |
| Construction Fall Protection (CONSFALL) | OSHA 30 (OSHA30) |
| Forklift - Industrial (PITOIND) | Rigging (RIGGING) |
| Forklift - Rough Terrain (PITORT) | Scaffold Erector (SCAFFOLD) |
| ICRA 24 (BPHEALTH) | Scaffold User (SCAFUSER) |

PLEASE INDICATE THE WELDING ABILITY YOU HOLD:

Please make sure your records are up-to-date. (Mark with a check ✓ below.)

Welding Experience:

- ☐ AIR/ARC
☐ ARC/STICK
☐ MIG
☐ TIG

WELDING CERTIFICATE:

- ☐ ARC/STICK
☐ MIG
☐ TIG

Check ✓ your PRIMARY work area.

Check ONLY ONE:

Refer to the enclosed area map.

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Area 1 | <input type="checkbox"/> Area 13 |
| <input type="checkbox"/> Area 2 | <input type="checkbox"/> Area 14 |
| <input type="checkbox"/> Area 3 | <input type="checkbox"/> Area 15 |
| <input type="checkbox"/> Area 4 | <input type="checkbox"/> Area 16 |
| <input type="checkbox"/> Area 5 | <input type="checkbox"/> Area 17 |
| <input type="checkbox"/> Area 6 | <input type="checkbox"/> Area 18 |
| <input type="checkbox"/> Area 7 | <input type="checkbox"/> Area 19 |
| <input type="checkbox"/> Area 8 | <input type="checkbox"/> Area 20 |
| <input type="checkbox"/> Area 9 | <input type="checkbox"/> Area 21 |
| <input type="checkbox"/> Area 10 | <input type="checkbox"/> Area 22 |
| <input type="checkbox"/> Area 11 | <input type="checkbox"/> Area 23 |
| <input type="checkbox"/> Area 12 | |

Check ✓ any other areas where you are willing to work.

Check as many as apply.
Refer to the enclosed area map.

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Area 1 | <input type="checkbox"/> Area 13 |
| <input type="checkbox"/> Area 2 | <input type="checkbox"/> Area 14 |
| <input type="checkbox"/> Area 3 | <input type="checkbox"/> Area 15 |
| <input type="checkbox"/> Area 4 | <input type="checkbox"/> Area 16 |
| <input type="checkbox"/> Area 5 | <input type="checkbox"/> Area 17 |
| <input type="checkbox"/> Area 6 | <input type="checkbox"/> Area 18 |
| <input type="checkbox"/> Area 7 | <input type="checkbox"/> Area 19 |
| <input type="checkbox"/> Area 8 | <input type="checkbox"/> Area 20 |
| <input type="checkbox"/> Area 9 | <input type="checkbox"/> Area 21 |
| <input type="checkbox"/> Area 10 | <input type="checkbox"/> Area 22 |
| <input type="checkbox"/> Area 11 | <input type="checkbox"/> Area 23 |
| <input type="checkbox"/> Area 12 | |

To update an existing skill sheet, email skills@ncsrcc.org Please include the changes, additions or deletions to be made along with your Member ID #, Local #, first and last name. Skills will not be removed unless specifically directed to do so.

By signing below I, _____ (print name), consent to be contacted via telephone, email, cell phone or text message by the United Brotherhood of Carpenters and Joiners of America and its affiliates, including by auto-dialed or pre-recorded calls. (Please note message and data rates may apply.) I agree that this authorization is in effect until I provide written revocation to NCSRCC, 700 Olive Street, Saint Paul, MN 55130. In addition, I declare that the above skills information is correct to the best of my knowledge.

Signature _____ Date _____

Filling out and submitting a skill sheet does not automatically place you on the Out of Work List.

Please call the MEMBER INFORMATION EXCHANGE AUTOMATED LINE at 1-855-456-2141,

and follow the prompts to place yourself on the Out of Work List.

SEPTEMBER 2019

CARPENTERS

