



North Central States Regional Council of Carpenters  
CARPENTER SKILL SHEET

Dispatch Office: 1-855-987-2020 Email: [skills@ncsrcc.org](mailto: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 \_\_\_\_\_

<p><b>YOU HAVE EXPERIENCE TO ACCEPT WORK IN THE FOLLOWING:</b> (Mark with a check ✓ below.)</p> <table><tr><td><input type="checkbox"/> Architectural Siding (ARCHMTL)</td><td><input type="checkbox"/> Insulation (INSSPR)</td></tr><tr><td><input type="checkbox"/> Bathroom Finish/Partitions (FINISHTP)</td><td><input type="checkbox"/> Nuclear Plant Experience (NUKE)</td></tr><tr><td><input type="checkbox"/> Bilingual - Spanish (SPANISH)</td><td><input type="checkbox"/> Overhead Door (OHDR)</td></tr><tr><td><input type="checkbox"/> Bridges/Highway (BRIDGEHH)</td><td><input type="checkbox"/> Pile Driver (PILEDVR)</td></tr><tr><td><input type="checkbox"/> Cabinet Installation (CABINET)</td><td><input type="checkbox"/> Refinery Experience (REFINERY)</td></tr><tr><td><input type="checkbox"/> Ceilings - Acoustical (CEILING)</td><td><input type="checkbox"/> Refrigeration Panels (REFPNL)</td></tr><tr><td><input type="checkbox"/> Commercial Doors/Hardware (DRHDW)</td><td><input type="checkbox"/> Residential Trim (RESFIN)</td></tr><tr><td><input type="checkbox"/> Commercial Trim (COMFIN)</td><td><input type="checkbox"/> Roofing (MTLRF)</td></tr><tr><td><input type="checkbox"/> Commercial Lather (LATHER)</td><td><input type="checkbox"/> Scaffold Experience (SCAFEXP)</td></tr><tr><td><input type="checkbox"/> Computer Floors (COMPFLR)</td><td><input type="checkbox"/> Shoring (SHORE)</td></tr><tr><td><input type="checkbox"/> Concrete Forms (FORMS)</td><td><input type="checkbox"/> Siding (SIDING)</td></tr><tr><td><input type="checkbox"/> Drywall Finisher (DWFIN)</td><td><input type="checkbox"/> Steel Stud Framing (SSFRM)</td></tr><tr><td><input type="checkbox"/> Drywall on Steel (DWSTL)</td><td><input type="checkbox"/> Trade Show Experience (TSEXP)</td></tr><tr><td><input type="checkbox"/> Drywall on Wood (DWWD)</td><td><input type="checkbox"/> TWIC card holder (TWIC)</td></tr><tr><td><input type="checkbox"/> Fixture Installation (FIXTURE)</td><td><input type="checkbox"/> Wood Floor Installation (WDFLR)</td></tr><tr><td><input type="checkbox"/> Foreman (COMFOR)</td><td><input type="checkbox"/> Wood Framing (WDFRM)</td></tr><tr><td><input type="checkbox"/> Furniture/Partitions (FURNPAR)</td><td><input type="checkbox"/> Window Installation (WINDOW)</td></tr><tr><td><input type="checkbox"/> Layout (COMLAY)</td><td></td></tr></table>	<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 - 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<p><b>YOU ARE TRAINED/CERTIFIED IN THE FOLLOWING:</b> (Mark with a check ✓ below.)</p> <table><tr><td><input type="checkbox"/> Fall protection (FALLP)</td><td><input type="checkbox"/> MSHA (MSHA)</td></tr><tr><td><input type="checkbox"/> First Aid/CPR (FIRSTAID)</td><td><input type="checkbox"/> Pro 10 (PRO10)</td></tr><tr><td><input type="checkbox"/> Hazardous Waste Worker (HAZWW)</td><td></td></tr></table> <p>The following qualifications/certifications <b>ARE AUTOMATICALLY UPDATED</b> through the <b>TRAIN</b> educational system. Please make sure your records are up-to-date.</p> <table><tr><td>Aerial Lift (AERLIFT)</td><td>Millwright 16 (MW16)</td></tr><tr><td>Confined Space (CONFINED)</td><td>OSHA 10 (OSHA10)</td></tr><tr><td>Construction Fall Protection (CONSFALL)</td><td>OSHA 30 (OSHA30)</td></tr><tr><td>Forklift - Industrial (PITOIND)</td><td>Rigging (RIGGING)</td></tr><tr><td>Forklift - Rough Terrain (PITORT)</td><td>Scaffold Erector (SCAFFOLD)</td></tr><tr><td>ICRA 24 (BPHEALTH)</td><td>Scaffold User (SCAFUSER)</td></tr></table>	<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)		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)	<p><b>Check ✓ any other areas where you are willing to work.</b> <b>Check as many as apply.</b> <i>Refer to the enclosed area map.</i></p> <table><tr><td><input type="checkbox"/> Area 1</td><td><input type="checkbox"/> Area 13</td></tr><tr><td><input type="checkbox"/> Area 2</td><td><input type="checkbox"/> Area 14</td></tr><tr><td><input type="checkbox"/> Area 3</td><td><input type="checkbox"/> Area 15</td></tr><tr><td><input type="checkbox"/> Area 4</td><td><input type="checkbox"/> Area 16</td></tr><tr><td><input type="checkbox"/> Area 5</td><td><input type="checkbox"/> Area 17</td></tr><tr><td><input type="checkbox"/> Area 6</td><td><input type="checkbox"/> Area 18</td></tr><tr><td><input type="checkbox"/> Area 7</td><td><input type="checkbox"/> Area 19</td></tr><tr><td><input type="checkbox"/> Area 8</td><td><input type="checkbox"/> Area 20</td></tr><tr><td><input type="checkbox"/> Area 9</td><td><input type="checkbox"/> Area 21</td></tr><tr><td><input type="checkbox"/> Area 10</td><td><input type="checkbox"/> Area 22</td></tr><tr><td><input type="checkbox"/> Area 11</td><td><input type="checkbox"/> Area 23</td></tr><tr><td><input type="checkbox"/> Area 12</td><td></td></tr></table>	<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																			
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<p><b>PLEASE INDICATE THE WELDING ABILITY YOU HOLD:</b> Please make sure your records are up-to-date. (Mark with a check ✓ below.)</p> <p>Welding Experience:</p> <table><tr><td><input type="checkbox"/> AIR/ARC</td><td><b>WELDING CERTIFICATE:</b></td></tr><tr><td><input type="checkbox"/> ARC/STICK</td><td><input type="checkbox"/> ARC/STICK</td></tr><tr><td><input type="checkbox"/> MIG</td><td><input type="checkbox"/> MIG</td></tr><tr><td><input type="checkbox"/> TIG</td><td><input type="checkbox"/> TIG</td></tr></table>	<input type="checkbox"/> AIR/ARC	<b>WELDING CERTIFICATE:</b>	<input type="checkbox"/> ARC/STICK	<input type="checkbox"/> ARC/STICK	<input type="checkbox"/> MIG	<input type="checkbox"/> MIG	<input type="checkbox"/> TIG	<input type="checkbox"/> TIG																																																					
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To update an existing skill sheet, email [skills@ncsrcc.org](mailto: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.

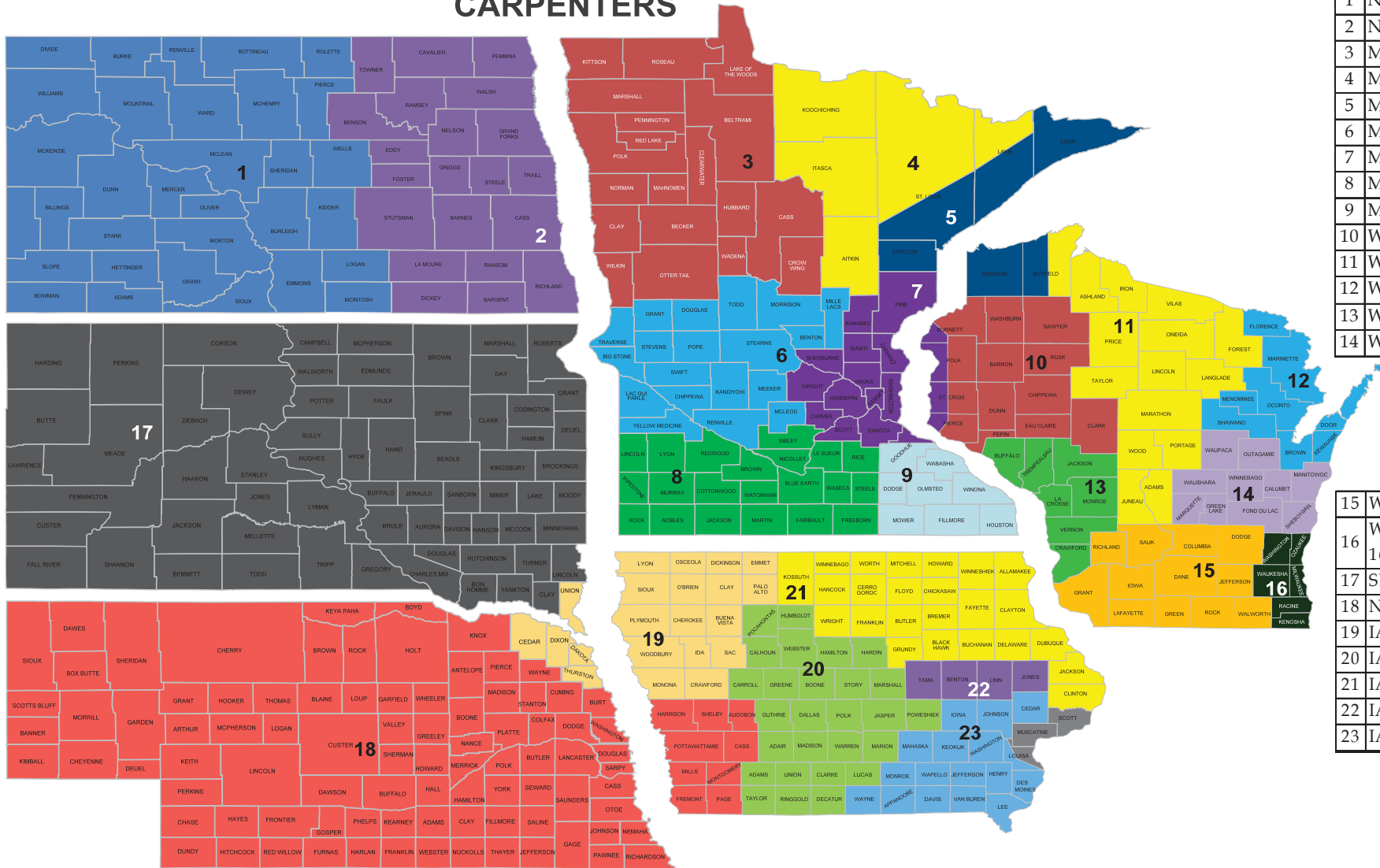
Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

# CARPENTERS



1	ND - LOCAL 1091
2	ND - LOCAL 1176
3	MN - LOCAL 1934
4	MN - LOCAL 606
5	MN - LOCAL 361
6	MN - LOCAL 930
7	MN - LOCAL 68/322
8	MN - LOCAL 464
9	MN - LOCAL 1382
10	WI - LOCAL 1074
11	WI - LOCAL 310/804
12	WI - LOCAL 1146
13	WI - LOCAL 1143
14	WI - LOCAL 731/955

15	WI - LOCAL 314
16	WI - LOCAL 161/264/344/2283
17	SD - LOCAL 587
18	NE - LOCAL 427/1306
19	IA - LOCAL 948
20	IA - LOCAL 106
21	IA - LOCAL 678
22	IA - LOCAL 308
23	IA - LOCAL 1260