

mix 2020



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SUBMIT YOUR COMPLETED SKILLS SHEET

(Skill sheet instructions on back.)

NCSRC MEMBER INFORMATION EXCHANGE AUTOMATED LINE 1-855-456-2141



North Central States Regional Council of Carpenters

CARPENTER SKILL SHEET

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

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

PLEASE PRINT LEGIBLY!

Name _____ UBC ID# _____ UBC Local # _____
Address _____ Phone Number _____
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.)

☐ Architectural Siding (ARCHMTL)
☐ Bathroom Finish/Partitions (FINISHP)
☐ Bridginal - Spanish (SPANISH)
☐ Bridge/Highway (BRIDGEH)
☐ Cabinet Installation (CABINET)
☐ Callings - Acoustical (CEILING)
☐ Commercial Doors/Hardware (DRHDW)
☐ Commercial Trim (COMPTM)
☐ Commercial Lathes (LATHE)
☐ Computer Floors (COMPLF)
☐ Concrete Forms (FORMS)
☐ Drywall Finishers (DWFTN)
☐ Drywall on Steel (DWSTL)
☐ Drywall on Wood (DWWD)
☐ Finish Installation (FINISH)
☐ Formwork (FORMOP)

☐ Insulation (INSISP)
☐ Nuclear Plant Experience (NUKE)
☐ Ornamental Door (ORND)
☐ Pipe Doves (PIPEDOVE)
☐ Refinery Experience (REFINERY)
☐ Refrigeration Panels (REFPNL)
☐ Residential Trim (RESPTM)
☐ Roofing (MTLRF)
☐ Scaffold Experience (SCAFEXP)
☐ Shoring (SHORE)
☐ Siding (SDING)
☐ Steel Stud Framing (SSFRM)
☐ Trade Show Exhibitor (TSE)
☐ TWIC card holder (TWIC)
☐ Wood Floor (WOODFL)

Check ✓ your
PRIMARY work area.
Check ONLY ONE:
Refer to the enclosed area map.
☐ Area 1 ☐ Area 13
☐ Area 2 ☐ Area 14
☐ Area 3 ☐ Area 15
☐ Area 4 ☐ Area 16
☐ Area 5 ☐ Area 17
☐ Area 6 ☐ Area 18
☐ Area 7 ☐ Area 19
☐ Area 8 ☐ Area 20

REGISTER FOR MIX 2020

CALL: 1-855-465-2141

Your initial PIN# will be the last four digits of your SSN.

**PLEASE NOTE: YOU MUST REGISTER
MONTHLY TO STAY ON THE MIX SYSTEM.**

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ANSWER YOUR PHONE

IF YOU DO NOT PICK UP, THE SYSTEM
WILL TRY TO LEAVE A VOICEMAIL. MAKE
SURE YOUR MAILBOX IS SET UP AND HAS
ROOM FOR NEW MESSAGES.

SAVE

651-240-2140

IN YOUR PHONE AS "JOB OFFER" AND SET A SPECIAL
RINGTONE SO YOU KNOW WHEN A JOB CALL IS COMING IN.





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 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"/> Ceiling - 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 Lath | <input type="checkbox"/> Scaffold Erection (SCAFEXP) |
| <input type="checkbox"/> Computer Floors | |
| <input type="checkbox"/> Concrete Forms | |
| <input type="checkbox"/> Drywall Finisher | |
| <input type="checkbox"/> Drywall on Steel | |
| <input type="checkbox"/> Drywall on Wood | |
| <input type="checkbox"/> Fixture Installation | |
| <input type="checkbox"/> Foreman (COMF) | |
| <input type="checkbox"/> Furniture/Partition | |
| <input type="checkbox"/> Layout (COMLA) | |

Carefully review each skill and certification to determine if you are qualified to work a job that requires that skill/certification.

You will be called out for jobs based on what you select, so review them carefully and honestly select the tasks you are SKILLED and QUALIFIED to work in.

YOU ARE TRAINING

(Mark with a check ✓ below.)

- ☐ Fall protection (F)
- ☐ First Aid/CPR (F)
- ☐ Hazardous Waste

The following qualify for training 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 | |

Forms for all crafts can be found online at:

northcountrycarpenter.org/members/mix-2020-dispatch-system

You can fill this sheet out and submit it online through the website.

You must only choose ONE area you consider your PRIMARY work area. Work area maps are available at: northcountrycarpenter.org/members/mix-2020-dispatch-system

You MUST check ALL other areas you are willing to work. If you are NOT willing to work outside of your primary area, leave this section blank.

You MUST print your name, and sign and date this document to give the system permission to contact you about jobs.

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 _____