

mix 2020



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ENVIE LA HOJA DE HABILIDADES COMPLETA

(instrucciones para el formulario atrás)

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: skill@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 (FINISHTP)
☐ Billigal - Spanish (SPANISH)
☐ Bridge/Highway (BRIDGEHD)
☐ Cabinet Installation (CABINET)
☐ Ceilings - Acoustical (CEILING)
☐ Commercial Doors/Hardware (DRHDW)
☐ Commercial Trim (COMTRM)
☐ Commercial Lathes (LATHE)
☐ Computer Floors (COMPLR)
☐ Concrete Forms (FORMS)
☐ Drywall Finishers (DWFTN)
☐ Drywall on Steel (DWSTL)
☐ Drywall on Wood (DWWD)
☐ Finish Installation (PICTURE)
☐ Form (COMPOP)
☐ Insulation (INSPPR)
☐ Nuclear Plant Experience (NUKE)
☐ Ornamental Door (ORDD)
☐ Pipe Doves (PLEDEVR)
☐ Refinery Experience (REFINERY)
☐ Refrigeration Panels (REFPNL)
☐ Residential Trim (RESFIN)
☐ Roofing (MTLRF)
☐ Scaffold Experience (SCAFEXP)
☐ Shoring (SHORE)
☐ Siding (SDING)
☐ Steel Stud Framing (SSFRM)
☐ Trade Show Experience (TSTW)
☐ TWIC card holder (TWIC)
☐ Wood Floor In

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

Regístrese PARA MIX 2020

LLAMÉ A: 1-855-465-2141

Su PIN# inicial serán los últimos cuatro dígitos de su SSN

**TENGA EN CUENTA: DEBE REGISTRARSE
MENSUALMENTE PARA PERMANECER EN EL SISTEMA**



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conteste EL TELÉFONO

SI NO CONTESTA, EL SISTEMA INTENTARÁ
DEJAR UN MENSAJE DE VOZ. ASEGÚRESE DE
QUE SU BUZÓN ESTÉ CONFIGURADO Y TENGA
ESPACIO PARA NUEVOS MENSAJES.

GUARDE 651-240-2140

EN SU TELÉFONO COMO "OFERTA DE TRABAJO" Y ESTABLEZCA UN
TONO DE LLAMADA ESPECIAL PARA QUE SEPA CUÁNDO VA A RECIBIR
UNA LLAMADA DE TRABAJO.





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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 (COMLATH) | <input type="checkbox"/> Scaffold Erection (SCAFEXP) |
| <input type="checkbox"/> Computer Floors (COMFLR) | <input type="checkbox"/> Sheet Metal (SSFRM) |
| <input type="checkbox"/> Concrete Forms (CONCR) | <input type="checkbox"/> Trenching (TSEXP) |
| <input type="checkbox"/> Drywall Finisher (DRYWALL) | <input type="checkbox"/> Welding (WIC) |
| <input type="checkbox"/> Drywall on Steel (DRYWALL) | <input type="checkbox"/> Window Installation (WDFLR) |
| <input type="checkbox"/> Drywall on Wood (DRYWALL) | <input type="checkbox"/> Window (WDFLR) |
| <input type="checkbox"/> Fixture Installation (FIXTURE) | <input type="checkbox"/> Window (WDFLR) |
| <input type="checkbox"/> Foreman (COMFO) | <input type="checkbox"/> Window (WDFLR) |
| <input type="checkbox"/> Furniture/Partition (FURNITURE) | <input type="checkbox"/> Window (WDFLR) |
| <input type="checkbox"/> Layout (COMLA) | <input type="checkbox"/> Window (WDFLR) |

Revise cuidadosamente cada habilidad y certificación para determinar si está calificado para trabajar en un trabajo que requiera esa habilidad / certificación.

Se le llamará para trabajos basados en lo que seleccione, así que revíselos con cuidado y seleccione honestamente los labores en que tiene HABILIDADES y CALIFICA para trabajar.

YOU ARE TRAINING:

(Mark with a check ☒ below.)

- ☐ Fall protection (FALLP)
☐ First Aid/CPR (FIRSAID)
☐ Hazardous Waste (HAZWASTE)

The following qualify for training through the TRAIN 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 |
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| <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 | |

El formulario para todos los oficios se puede encontrar en línea en:

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

Puede completar esta hoja y enviarla en línea

Solo debe elegir UNA área que considere su área de trabajo PRIMARIA. Los mapas del área de trabajo están disponibles en: northcountrycarpenter.org/members/mix-2020-dispatch-system

DEBE marcar TODAS otras áreas en las que está dispuesto a trabajar. Si NO está dispuesto a trabajar fuera de su área principal, deje esta sección en blanco.

DEBE escribir su nombre, firmar y fechar este documento para dar permiso al sistema para comunicarse con usted acerca de los trabajos.

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 _____

Para completar este formulario en línea, visite:
<https://northcountrycarpenter.org/members/mix-2020-dispatch-system>