

Northeast Regional Council of Carpenters

CARPENTER WORK/SKILL QUESTIONNAIRE

Send to: NRCC, Raritan Plaza II, 2nd Floor, 91 Fieldcrest Avenue, Edison, NJ 08837

Fax: 732-417-0301

PLEASE PRINT LEGIBLY! Mark * below.

I am a:

Journeyman carpenter

Apprentice carpenter

Year _____

Name _____ Date _____

UBC ID# _____ UBC Local # _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Email _____

Phone # _____

YOU MUST BE AVAILABLE TO ANSWER THIS PHONE NUMBER BETWEEN 2 P.M. AND 6 P.M.

Ethnicity (Optional):

Asian Hispanic or Latino White Black or African American Other

YOU HAVE EXPERIENCE TO ACCEPT WORK IN THE FOLLOWING:

(Mark with an * below.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Metal Framing | <input type="checkbox"/> Doors & Hardware | <input type="checkbox"/> Siding/Roofing | <input type="checkbox"/> Synthetic Turf Installation |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Fixtures-Furniture | <input type="checkbox"/> Piledriving | <input type="checkbox"/> Computer Floor |
| <input type="checkbox"/> Drywall Finishing | <input type="checkbox"/> Concrete | <input type="checkbox"/> Welding | <input type="checkbox"/> Transit Level |
| <input type="checkbox"/> Ceilings | <input type="checkbox"/> Bridges/Highway | <input type="checkbox"/> Carpet Flooring | <input type="checkbox"/> Total Station |
| <input type="checkbox"/> Trim & Millwork | <input type="checkbox"/> Heavy Highway | <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Nuclear Facilities |
| <input type="checkbox"/> Solid Surface | <input type="checkbox"/> Wood Framing | <input type="checkbox"/> Vinyl Tile | <input type="checkbox"/> Foreman |
| <input type="checkbox"/> Cabinetry | <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Wood Flooring (Nail,Glue) | <input type="checkbox"/> Drug-Tested Jobs |
| <input type="checkbox"/> Store Front | <input type="checkbox"/> Will work with Heights | <input type="checkbox"/> Wood Flooring (Sand & Finish) | <input type="checkbox"/> Lather |

PLEASE MARK WHICH COUNTIES WITHIN YOUR LOCAL IN WHICH YOU PREFER TO WORK. Members of Specialty Locals 252, 251, 178, and 39 may mark any county in any state.

(Mark with an X below)

New Jersey Commercial Locals

Local 255

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Gloucester |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Monmouth |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Cape May | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Cumberland | |

Local 254

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Mercer | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Middlesex | <input type="checkbox"/> Union |
| <input type="checkbox"/> Morris | <input type="checkbox"/> Warren |

Local 253

- | |
|----------------------------------|
| <input type="checkbox"/> Bergen |
| <input type="checkbox"/> Essex |
| <input type="checkbox"/> Hudson |
| <input type="checkbox"/> Passaic |

New York Commercial Locals

Local 291

- | |
|--------------------------------------|
| <input type="checkbox"/> Albany |
| <input type="checkbox"/> Clinton |
| <input type="checkbox"/> Essex |
| <input type="checkbox"/> Franklin |
| <input type="checkbox"/> Fulton |
| <input type="checkbox"/> Greene |
| <input type="checkbox"/> Hamilton |
| <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Rensselaer |
| <input type="checkbox"/> Saratoga |
| <input type="checkbox"/> Schenectady |
| <input type="checkbox"/> Schoharie |
| <input type="checkbox"/> Warren |
| <input type="checkbox"/> Washington |

Local 290

- | |
|----------------------------------|
| <input type="checkbox"/> Nassau |
| <input type="checkbox"/> Suffolk |

Local 279

- | |
|--------------------------------------|
| <input type="checkbox"/> Columbia |
| <input type="checkbox"/> Dutchess |
| <input type="checkbox"/> Orange |
| <input type="checkbox"/> Putnam |
| <input type="checkbox"/> Rockland |
| <input type="checkbox"/> Sullivan |
| <input type="checkbox"/> Ulster |
| <input type="checkbox"/> Westchester |

Local 277

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Broome | <input type="checkbox"/> Schuyler |
| <input type="checkbox"/> Cayuga | <input type="checkbox"/> Seneca |
| <input type="checkbox"/> Chemung | <input type="checkbox"/> St. Lawren |
| <input type="checkbox"/> Chenango | <input type="checkbox"/> Steuben |
| <input type="checkbox"/> Cortland | <input type="checkbox"/> Tioga |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Tompkins |
| <input type="checkbox"/> Herkimer | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Jefferson | |
| <input type="checkbox"/> Lewis | |
| <input type="checkbox"/> Madison | |
| <input type="checkbox"/> Oneida | |
| <input type="checkbox"/> Onondaga | |
| <input type="checkbox"/> Oswego | |
| <input type="checkbox"/> Otsego | |

Local 276

- | |
|--------------------------------------|
| <input type="checkbox"/> Allegany |
| <input type="checkbox"/> Cattaraugus |
| <input type="checkbox"/> Chautauqua |
| <input type="checkbox"/> Erie |
| <input type="checkbox"/> Genesee |
| <input type="checkbox"/> Livingston |
| <input type="checkbox"/> Monroe |
| <input type="checkbox"/> Niagara |
| <input type="checkbox"/> Ontario |
| <input type="checkbox"/> Orleans |
| <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Wyoming |

YOU ARE TRAINED / CERTIFIED IN THE FOLLOWING:

(Mark with an * below.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Boom Truck Cert | <input type="checkbox"/> Cleanroom Class | <input type="checkbox"/> Asbestos Abatement |
| <input type="checkbox"/> ROV Operator | <input type="checkbox"/> Door Hardware | <input type="checkbox"/> Firestop Class |
| <input type="checkbox"/> Forklift Industrial | <input type="checkbox"/> Certified Locksmith | <input type="checkbox"/> Foreman A Class |
| <input type="checkbox"/> Forklift Rough Terrain | <input type="checkbox"/> Solid Surface Installer Class | <input type="checkbox"/> Powder Actuated Tool |
| <input type="checkbox"/> Rigging | <input type="checkbox"/> First Aid / CPR Cert | <input type="checkbox"/> Lead Renovator |
| <input type="checkbox"/> Hand Signaler – Rigging | <input type="checkbox"/> PALM (Built-Rite) | <input type="checkbox"/> Fall Protection |
| <input type="checkbox"/> Scaffold Erector | <input type="checkbox"/> HAZMAT | <input type="checkbox"/> Certified Steward |
| <input type="checkbox"/> Scaffold User | <input type="checkbox"/> OSHA 10 | <input type="checkbox"/> TWIC Card |
| <input type="checkbox"/> Certified Welder | <input type="checkbox"/> OSHA 30 | <input type="checkbox"/> STP Cert |
| <input type="checkbox"/> Light Gauge Weld | <input type="checkbox"/> MSDS | <input type="checkbox"/> WABO Cert |
| <input type="checkbox"/> Rebar Stick Weld | <input type="checkbox"/> Hazardous Waste 40 Hour | <input type="checkbox"/> Blueprint Reading |
| <input type="checkbox"/> Rebar Wire Weld | <input type="checkbox"/> FORBO | <input type="checkbox"/> Laser Level |
| <input type="checkbox"/> Stick Cert Weld | <input type="checkbox"/> INSTALL Carpet | <input type="checkbox"/> Green Awareness |
| <input type="checkbox"/> TIG Cert Weld | <input type="checkbox"/> INSTALL Resilient | <input type="checkbox"/> Ceiling Certification |
| <input type="checkbox"/> Wire Cert Weld | <input type="checkbox"/> INSTALL Wood 1 | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Insulated Concrete Forms | <input type="checkbox"/> INSTALL Wood 2 | <input type="checkbox"/> Nuclear Plant Access |

COMMENTS:

I _____ (**Print Name**), assign to the Northeast Regional Council of Carpenters, from my earnings, a sum equal to the Union’s check-off assessment and initiation fee (the Council will notify my Employer of the current amount). I authorize and direct my Employer to deduct such sum and remit the money to the Union monthly. This assignment is irrevocable for one (1) year from this date or until the termination of the Labor Agreement, whichever occurs first. This assignment shall be renewed automatically, for successive 12 month periods, unless the Union and my employer receive my written notice of termination of this assignment not more than twenty (20) days and not less than ten (10) days prior to renewal of the assignment. This authorization is effective regardless of my status as a member, non-member, or “financial core” payer and applies regardless of any future resignation of membership on my part.

I hereby authorize the NORTHEAST REGIONAL COUNCIL OF CARPENTERS to act as my collective bargaining agent in dealing with my employer in regard to wages, hours, and other conditions of employment. All previous authorizations made by me are revoked.

Signature _____ Date _____