



**Northeast Regional Council of Carpenters  
Local 252 Mill Cabinet Work  
SKILLS QUESTIONNAIRE**

Carpenters Local 252, 91 Fieldcrest Ave., Raritan Plaza II, Suite A22, Edison, NJ 08837  
Phone: 732-379-6113 Fax: 732-417-0148 Email: kgiardelli@northeastcarpenters.org

Print this form and please sign your signature on page 2. Return to Kathryn Giardelli, fax number: 732-417-0148.

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**CONTACT INFORMATION – PLEASE PRINT LEGIBLY.**

Name : \_\_\_\_\_ Date: \_\_\_\_\_

UBC ID#: \_\_\_\_\_ Local #: **252** Date of Birth: \_\_\_\_\_

Street 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

**CLASSIFICATION. Check the appropriate boxes with an "X".**

<input type="checkbox"/> Apprentice / Yr: _____	<input type="checkbox"/> Assembler	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Journeyman	<input type="checkbox"/> Graphic Dept.	<input type="checkbox"/> Mechanic	
<input type="checkbox"/> Shop Steward	<input type="checkbox"/> Helper/Off Bearer	<input type="checkbox"/> Outside-Installer	
<input type="checkbox"/> Foreman	<input type="checkbox"/> Painter/Finisher	<input type="checkbox"/> Utility Worker	
	<input type="checkbox"/> Laminator	<input type="checkbox"/> Warehouseman	

**YOU ARE QUALIFIED IN THE FOLLOWING AREAS:**

Check the appropriate boxes with an "X".

<u>Machinery</u>	<u>CNC Machine</u>	<u>Special Skills</u>
<input type="checkbox"/> Edge-Bander	<input type="checkbox"/> Operator	<input type="checkbox"/> CDL
<input type="checkbox"/> Jointer	<input type="checkbox"/> Programmer	<input type="checkbox"/> Forklift Operator
<input type="checkbox"/> Lathe	<input type="checkbox"/> Program Used: _____	<input type="checkbox"/> Gluing
<input type="checkbox"/> Panel Saw	_____	<input type="checkbox"/> Knife Cutting
<input type="checkbox"/> Planer	<input type="checkbox"/> Type of CNC: _____	<input type="checkbox"/> Layout
<input type="checkbox"/> Shaper	_____	<input type="checkbox"/> Stitching
<input type="checkbox"/> Table Saw		<input type="checkbox"/> Welding
<input type="checkbox"/> Wide Belt (sand master)		<input type="checkbox"/> Wood Veneer
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____

**YOU HAVE RECEIVED THE FOLLOWING JOURNEYMAN UPGRADES:**

Check the appropriate boxes with an "X".

<input type="checkbox"/> Blueprint Reading	<input type="checkbox"/> OSHA 10	<input type="checkbox"/> Welding Certification
<input type="checkbox"/> Chemical Card	<input type="checkbox"/> OSHA 30	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Corian Certification	<input type="checkbox"/> Scaffold Card	

