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Classification Determination Survey

Section 3.05.(d).(1) of the Collective Bargaining Agreement states "Employers may continue to hire Installers and Technicians from the outside. The Employer will determine the initial placement into wage classifications. The Joint Training Committee will decide final placement into the wage scale using past education and work experience as a basis for the decision."

The Joint Training Committee requires the following information to be returned to us by both the employer and employee. Please fill out the information below and return to us **with your most current resume'**, (include your current employer), within 14 calendar days for Committee review. Your resume' must include the types of installations (including brand names), installation location, and your responsibility during the installation process.

I have significant working experience in the following areas:

- | | | |
|--------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Voice | <input type="checkbox"/> CCTV | <input type="checkbox"/> Nurse Call Systems |
| <input type="checkbox"/> Data | <input type="checkbox"/> CATV | <input type="checkbox"/> Phone Systems |
| <input type="checkbox"/> Video Systems | <input type="checkbox"/> Fire Alarm Systems | <input type="checkbox"/> Paging Systems |
| <input type="checkbox"/> Audio Systems | <input type="checkbox"/> Security Systems | <input type="checkbox"/> OTHER (as specified on resume') |
| <input type="checkbox"/> Fiber Optics | <input type="checkbox"/> Card Access Systems | <input type="checkbox"/> Supervised crews of _____ people |
| <input type="checkbox"/> Satellite Systems | <input type="checkbox"/> Broadband/Baseband | <input type="checkbox"/> Residential |

My Primary area of expertise is: _____

My Secondary area of expertise is: _____

I have certifications in the following areas:

- | | | |
|--------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> BICSI Installer Level 1 | <input type="checkbox"/> NICET Level _____ (fire) | <input type="checkbox"/> 16 hour Asbestos Awareness |
| <input type="checkbox"/> BICSI Installer Level 2 | <input type="checkbox"/> NICET Level _____ (audio) | <input type="checkbox"/> Power Limited Technician License # _____ |
| <input type="checkbox"/> BICSI Technician | <input type="checkbox"/> NICET Level _____ (security) | Date License was achieved _____ |
| <input type="checkbox"/> BICSI RCDD | <input type="checkbox"/> OSHA 10 Hr or 30 Hr (circle one) | <input type="checkbox"/> OTHER certifications as attached Including vendor specific training |

Attach a copy of your Power Limited Technician License and ALL CERTIFICATIONS showing date obtained and expiration date.

COMPUTER TRAINING:	<i>Please make sure your resume' shows the name of the course, school and dates for any computer training.</i>
<input type="checkbox"/> Computer Fundamentals	<input type="checkbox"/> Basic Networking
	<input type="checkbox"/> Intermediate/Advanced Networking

Please PRINT Clearly:

Name: _____

Address: _____

Home Phone #: _____

Other contact Phone #: _____

Date: _____



PLEASE NOTE: Surveys returned without the required documentation will be evaluated as having no prior industry work experience or education.