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Out of Work Survey

The purpose of this information is to update records and ensure that Contractors are receiving the best information available to help IBEW members who are not currently employed by a signatory contractor. Please fill out the information below and return this form to the Statewide Limited Energy JATC by fax or mail. **Please be accurate and thorough when filling out this form.**

- I am not currently working in the industry, but I do plan to return. Yes, I do want contractors to call me regarding employment opportunities.
- No, I do not want to be contacted regarding employment opportunities. I have chosen a different career path.

If it is your plan to continue working in this industry, please fill out the following:

I have working EXPERIENCE in the following areas:

RESUME' submitted with this form

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Voice | <input type="checkbox"/> CCTV | <input type="checkbox"/> Nurse Call |
| <input type="checkbox"/> Data | <input type="checkbox"/> CATV | <input type="checkbox"/> Phone Systems |
| <input type="checkbox"/> Video | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Paging Systems |
| <input type="checkbox"/> Audio | <input type="checkbox"/> Security | <input type="checkbox"/> Supervised crews of _____ people. |
| <input type="checkbox"/> Fiber Optics | <input type="checkbox"/> Card Access | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Broadband/Baseband | | |
| <input type="checkbox"/> OTHER: _____ | | |

I have TRAINING / Certifications in the following areas: (please submit copy of your certificates)

- | | | |
|---|---|---|
| <input type="checkbox"/> BICSI Installer | <input type="checkbox"/> NICET Level ____ (fire) | <input type="checkbox"/> 16 hour Asbestos Awareness |
| <input type="checkbox"/> BICSI Technician | <input type="checkbox"/> NICET Level ____ (audio) | <input type="checkbox"/> Power Limited Technician License # _____ |
| <input type="checkbox"/> BICSI RCDD | <input type="checkbox"/> OSHA 10 Hr or 30 Hr (circle one) | |
| <input type="checkbox"/> OTHER: _____ | | |

Please PRINT Clearly:

Current classification as listed on my Union Dues Receipt: _____

Name: _____

Home Phone #: _____ Other Contact Phone #: _____

Address: _____

Date: _____

Social Sec #: _____

Please note - Your Social Security Number, Address and Union Affiliation **DO NOT APPEAR ON THE REPORT** issued to contractors. This information is for our records only to ensure that we have the correct information on your records.

Union Affiliation (information not distributed)			
Please circle one only:			
110	242	292	343