

# Men and Women of Action Job Skill Survey

Date\_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

LOCAL CHURCH NAME \_\_\_\_\_

Where are you employed now? \_\_\_\_\_

Describe your job \_\_\_\_\_

What other work experience do you have? \_\_\_\_\_

Do you have personal tools?  Yes  No Can you assist in disaster relief?  Yes  No

I own or have use of the following:

•  RV,  camper, etc. sleeps \_\_\_\_\_ self-contained?  Yes  No

• Truck (type) \_\_\_\_\_

•  Generator  Chain saw  Tractor  Wrecker  Grading Equipment  Bobcat

I am a licensed contractor experienced in \_\_\_\_\_ I am a licensed:  engineer  architect  other \_\_\_\_\_

I am licensed in the following medical profession: \_\_\_\_\_

Please look over the following list and check whether you have basic working knowledge (helper) or if you are skilled in the trade.

	WORKING KNOWLEDGE	SKILLED		WORKING KNOWLEDGE	SKILLED
1. Carpentry			10. Carpet Installing	<input type="checkbox"/>	<input type="checkbox"/>
a. Framing	<input type="checkbox"/>	<input type="checkbox"/>	11. General building repair	<input type="checkbox"/>	<input type="checkbox"/>
b. Finish	<input type="checkbox"/>	<input type="checkbox"/>	12. Welder	<input type="checkbox"/>	<input type="checkbox"/>
2. Block mason	<input type="checkbox"/>	<input type="checkbox"/>	13. Heavy Equipment Operator	<input type="checkbox"/>	<input type="checkbox"/>
3. Brick mason	<input type="checkbox"/>	<input type="checkbox"/>	14. Painting	<input type="checkbox"/>	<input type="checkbox"/>
4. Concrete work	<input type="checkbox"/>	<input type="checkbox"/>	15. Roofing	<input type="checkbox"/>	<input type="checkbox"/>
5. Electrician	<input type="checkbox"/>	<input type="checkbox"/>	16. Cabinet Making	<input type="checkbox"/>	<input type="checkbox"/>
6. Heat/AC	<input type="checkbox"/>	<input type="checkbox"/>	17. Vinyl siding	<input type="checkbox"/>	<input type="checkbox"/>
7. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	18. Landscaping	<input type="checkbox"/>	<input type="checkbox"/>
8. Drywall			19. Metal building construction	<input type="checkbox"/>	<input type="checkbox"/>
a. Hanger	<input type="checkbox"/>	<input type="checkbox"/>	20. Truck driver		
b. Finisher	<input type="checkbox"/>	<input type="checkbox"/>	a. Semi	<input type="checkbox"/>	<input type="checkbox"/>
9. Tile			b. Straight	<input type="checkbox"/>	<input type="checkbox"/>
a. Inlay	<input type="checkbox"/>	<input type="checkbox"/>	c. Well drilling	<input type="checkbox"/>	<input type="checkbox"/>
b. Ceramic	<input type="checkbox"/>	<input type="checkbox"/>			