

**SKILL SIGN UP FORM**  
Pacific Northwest Regional Council of Carpenters  
Out of Work/Skill Questionnaire for Millwrights Local 204

**2010**

LAST NAME: \_\_\_\_\_ MEMBER OF UBC LOCAL: \_\_\_\_\_ UBC# \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ JOURNEYMAN: \_\_\_\_\_ APPRENTICE/PERIOD: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ MINORITY: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE # \_\_\_\_\_ CELL# \_\_\_\_\_

**I AM CERTIFIED IN THE FOLLOWING AREAS: (DOCUMENTATION REQUIRED)**

Arial Lift	Boom Truck	GE Gas Turbine	TWIC Card
Certified Welder (Wire Tig Stick)		Hazmat	OTHER CERTIFICATIONS:
Clean Room		Instrumentation	
Confined Space		Osha 10 / 16	
CPR/First Aid		Scaffold User	
Crane		Steward	
CSTOP		UBC Qualified	
Foreman		Other Qualified	
Forklift		UBC Seimens/Westinghouse	

**I AM QUALIFIED IN THE FOLLOWING SKILLS:**

Burning	Refinery Exp.	<b>TURBINE EXPERIENCE:</b>
Boiler Card	Regular Dial Alignment	Steam Gas Hydro
CDL	Rigging	<b>OTHER SKILLS QUALIFIED FOR:</b>
Dryer Can Accessible	Roto (Laser) Alignment	
Machinist	Welder (Wire Tig Stick)	
Nuclear Exp.		

I prefer not to work for these employers: \_\_\_\_\_

I do not wish to be called for jobs that require pre-hire drug screening \_\_\_\_\_

**WAGE DEDUCTION AUTHORIZATION:**

I hereby authorize the employer to withhold from my wages, 4.5% of the dispatched wage rate per hour for the Union Deduction as stipulated by the agreement and to transmit such amount to the Carpenters Trust of Western Washington. This authorization is effective for one year from the date of my signature to this form or until the expiration of the Labor Agreement, whichever comes first, but shall automatically renew unless I revoke this authorization in writing between May 1 and May 15 of any year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_