

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"/>			