



The Joint Industry Board of the Electrical Industry Skill Sheet

Email completed form to employment@jibei.com
 Faxed forms and mailed in forms will not be accepted

First Name _____

Last Name _____

Last 4 numbers of SSN _____

Classification _____

Cell Phone _____ Home Phone _____

Click the check box if you can answer yes to the following questions.	
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Willing to work Nights?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have an asbestos license?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Willing to work Nights?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have telephone data experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have fiber optic experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have Category 5 experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have Category 6 experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Are you certified for confined spaces?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Connecticut License?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a fusion splicer – fiber optic cable experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have fire alarm experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have BX cable experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have control wiring experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have BMS Johnson Control experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Do you have supervision experience?
Yes <input type="checkbox"/> NO <input type="checkbox"/>	Are you still interested in supervision?

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