



6376 Thompson Road  
Syracuse, NY 13206  
(315) 432-1111

### PERSONNEL EXPERIENCE AND QUALIFICATIONS SURVEY

JPW Companies evaluates all personnel for all Employment and/or Temporary Work Assignment positions based solely on merit. JPW Companies does not discriminate on the basis of race, gender, national origin, labor affiliation, marital status, age, disability or any other protected status.

It is JPW Companies policy to have all personnel who are considered for Employment and/or Temporary Work Assignments drug tested before the start of work.

**Instructions:** Please print clearly. Answer all questions. Provide only the information requested. Any additional information not requested will disqualify your Qualifications Survey. Failure to answer all questions will disqualify your Qualifications Survey.

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State ZIP

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Cell Phone: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Date you are available to start work: \_\_\_\_\_

**Answer all of the following questions:**

Are you at least 18 years old?	Yes	No
Are you legally allowed to work in the U.S.?	Yes	No
Have you ever applied and/or been assigned for employment with us before?	Yes	No
If "Yes", when: _____		
Have you ever been employed with us before?	Yes	No
If "Yes", when: _____		
Are you employed now?	Yes	No
If "Yes", may we contact your present employer?	Yes	No
Are you able to work at heights?	Yes	No

If considered, do you intend to work simultaneously for another entity?	Yes	No
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Are you currently on "layoff status" and subject to recall?	Yes	No
Are you willing to work on non-prevailing rate jobs as well as prevailing rate jobs?	Yes	No
Have you ever supervised men in the field?	Yes	No
If "Yes", maximum number supervised _____		
Are you able to lift at least 50 lbs?	Yes	No
Any work restrictions?	Yes	No

**Are you available to work:**

Full time	Yes	No
Saturdays	Yes	No
Sundays	Yes	No
Holidays	Yes	No
Overtime	Yes	No
Evenings	Yes	No
Nights	Yes	No
Out of Town (100 miles or more)	Yes	No

**Educational Background**

Name of School	Location	Course of Study	Did You Graduate	
High School: _____			Yes	No
College: _____			Yes	No
Trade/Vocational: _____			Yes	No

**Former/Current Employers: (List three most recent employers. List the most recent first)**

1. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

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2. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

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3. Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

**Section-1-----Trade Equipment and Tools**

**Section-2-----Steel Erection Training/Experience and Qualifications**

**Section-1 Experience with Trade Equipment/Tools:**

On a scale of 1-10 (10 being highest) rate your skill level on the equipment listed.

Indicate the number of years of experience:

<b><u>Equipment Type</u></b>	<b><u>Skill Level (1-10)</u></b>	<b><u>Years Experience</u></b>	<b><u>Licenses/Certifications</u></b>
Flat bed trucks			
Tractor-trailers			
Fork trucks			
Telescopic fork Lift			
Hydraulic Cranes			
Lattice Bm. Cranes			
Boom Trucks			
Overhead Cranes & Hoists			
Boom Lifts			
Scissors Lifts			
Press Brake			
Power Shear			
Plasma Cutter			
Plate Roller			
Drill Press			
Band Saw			
CNC Punch			
Angle master			
MIG Welder			
TIG Welder			
Oxy-Acetyl Torch			
Stick/Arc Welder			
Hand grinders			
Drills & screw guns			
Hilti Deck Guns-Shot			
TC-Bolting Guns/Impact Guns			
Magnetic Drills			
Rigging Equipment-Slings/Spreader Beams/Shoring/Gantry's			
Lasers/Transit Bazoooka bob			
Gas powered Cut-Off/ Steel Deck Saws			
Chain Saws			
Jacks-Hydraulic & Track			
Chain Falls/Pullers			
Concrete Core Drill			
Concrete Hammer Drill			
Hand and Power Tools			
Spud Wrench-Bull Pin-Sleever Bars			

**Section-2 STEEL ERECTION**

<u>TRAINING/WORK TASKS</u>	<u>Training/Yes-No Date &amp; Location</u>	<u>Years Experience Indicate - "None" If No Experience</u>	<u>Licenses/Certifications/Qualifications-Yes-No</u>
OSHA Subpart-R Training "Steel Erection"			
OSHA Construction 10 Hour Training			
OSHA Construction 30 Hour Training			
Fall Protection Training			
Fall Protection Equipment Training			
Rigging Training			
Signal Person Training			
Crane-Set-Up-Assembly/Disassembly			
Certified Escort			
Stick Welding			
Deck Welding			
Structural Steel Erection			
Steel-Connector			
Steel-Bolting			
Steel Deck Lay-Out & Installation			
Steel Stairs and Railing Installation			
Pre-Cast Concrete Panel Erection			
Field-Site Steel Fabrication			
Steel Lay-Out/Elevations/True/Plumb			
Structural Steel-Superintendent			
Structural Steel-Foreman			
Structural Steel Quality Training			
Ironworker-Apprenticeship Training			
Ironworker-Journeymen Training			
Construction Orientation			
Personal Protective Equipment			
Welding and Cutting			
Fire Extinguisher			
Lock-Out-Tag-Out			
First-Aid/CPR			
Ladder Safety			
Confined Space			
Electrical Safety/GFI			
Scaffolding Training			
Haz Com Training			

How many years of experience do you have with the following skills:

Architectural blue print reading\_\_\_\_\_

Structural blue print reading\_\_\_\_\_

Erecting structural steel\_\_\_\_\_

Installing metal deck\_\_\_\_\_

Rigging and machinery moving\_\_\_\_\_

Millwright work\_\_\_\_\_

**Personnel Qualifications Survey Applicant Statement:**

I hereby state that the information contained in this Qualifications Survey is true and factual. I understand that any falsification of information will be cause for my disqualification for employment and/or Temporary Work Assignments. I have read the job description for the position for which I may be considered and further understand the hiring policies of JPW Companies as posted for review. I authorize you to make such investigations and inquiries of my personal, employment, educational, and other matters as may be necessary for employment and/or Temporary Work Assignments. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my employment and/or Temporary Work Assignments.

(Print)

Personnel Qualifications Survey

Applicant's Name: \_\_\_\_\_

Personnel Qualifications Survey

Applicant's Signature: \_\_\_\_\_

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

**\*\*Note-Please make a copy of this completed *PERSONNEL EXPERIENCE AND QUALIFICATIONS SURVEY* and include a copy of the following (If applicable):**

- **Drivers License / Crane Operators License-(Front and Back).**
- **Equipment Operators Cards-Aerial / Scissor Lifts / Fork Lifts Etc...**
- **OSHA 10 / 30 Hour Construction Training Cards.**
- **Safety Course Qualification Certs / Cards.**
- **Welder Qualifications / Certifications.**
- **Specialty Training-Rigging / Signal Person / CCO / Crane Inspection.**
- **Trade Training Qualification / Certification Certs / Cards.**
- **Superintendent / Foreman Training Qualifications.**
- **First-Aid / CPR Training.**