

Qualification Sheet

Date: _____ Date of Birth: _____ Register #: _____
 Name: _____ Dues Paid for Month of: _____
 Address: _____ Union Initiation Date: _____
 _____ Phone Number: _____

**I am qualified and competent to operate the equipment marked below.
 Enter corresponding # 1 excellent 2 good 3 fair**

- | Crane | Other Equipment |
|--|---|
| <input type="checkbox"/> Crawler Conventional | <input type="checkbox"/> Gradall |
| <input type="checkbox"/> Mobile Conventional | <input type="checkbox"/> Grader Rough |
| <input type="checkbox"/> Tower | <input type="checkbox"/> Grader Fine |
| <input type="checkbox"/> Clam | <input type="checkbox"/> Loader Rubber Tire |
| <input type="checkbox"/> Dragline | <input type="checkbox"/> Loader Track |
| <input type="checkbox"/> Pile Driver | <input type="checkbox"/> Scrapers |
| <input type="checkbox"/> Hydraulic Truck | <input type="checkbox"/> Concrete Pumps |
| <input type="checkbox"/> Hydraulic Rough Terrain | <input type="checkbox"/> Sideboom |
| <input type="checkbox"/> Hydraulic Boom Truck | <input type="checkbox"/> Trenchers |
| <input type="checkbox"/> Gantry | <input type="checkbox"/> Forklift |
| <input type="checkbox"/> Overhead | <input type="checkbox"/> Caisson Boring |
| | <input type="checkbox"/> Drill Rigs |
| | <input type="checkbox"/> Off Road Dump Truck |
| | <input type="checkbox"/> Backhoe Rubber Tire |
| | <input type="checkbox"/> Backhoe track |
| | <input type="checkbox"/> Bobcat |
| | <input type="checkbox"/> Dozer Slope/Fine Grade |
| | <input type="checkbox"/> Dozer Rough |
| | <input type="checkbox"/> Asphalt Spreader |
| | <input type="checkbox"/> Asphalt Roller |
| | <input type="checkbox"/> Dirt Roller |

Crane experience – makes; tonnage; Boom lengths: _____

- | CCO Certifications | Other Certifications |
|---|--|
| <input type="checkbox"/> Lattice Boom Expires _____ | <input type="checkbox"/> 40 Hazmat Expires _____ |
| <input type="checkbox"/> Telescopic Large Expires _____ | <input type="checkbox"/> OSHA 500 Expires _____ |
| <input type="checkbox"/> Telescopic Small Expires _____ | <input type="checkbox"/> TWIC Card Expires _____ |
| <input type="checkbox"/> Tower Crane Expires _____ | <input type="checkbox"/> DC License Expires _____ |
| | <input type="checkbox"/> First Aid Expires _____ |
| | <input type="checkbox"/> Signal Expires _____ |
| | <input type="checkbox"/> Rigging Expires _____ |
| | <input type="checkbox"/> Steward Class Expires _____ |
| | <input type="checkbox"/> Forklift Expires _____ |
| | |

- | Other Experience | | |
|---|--|---|
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Curb Machine | <input type="checkbox"/> Small Equipment Mechanic |
| <input type="checkbox"/> Tuggers | <input type="checkbox"/> Slag Bowl Carrier | <input type="checkbox"/> Heavy Duty Mechanic |
| <input type="checkbox"/> Material Hoist | <input type="checkbox"/> Hot Pit Loader | <input type="checkbox"/> Service Truck |
| <input type="checkbox"/> Wellpoints | <input type="checkbox"/> Batch Plants | <input type="checkbox"/> Mechanics Helper |
| <input type="checkbox"/> Pumps | <input type="checkbox"/> A-Frame Truck | <input type="checkbox"/> Utility Helper |
| <input type="checkbox"/> Oilers | | <input type="checkbox"/> Welders |

Will you take jobs of SHORT duration (1-10 days) Yes ___ No ___

Transportation: Yes ___ No ___ Drivers License: Yes ___ No ___
 CDL: _____ Class: _____ Endorsements _____

Other remarks or equipment not listed: _____
 I certify that the answers to the above questions are true and feel my assignment to work can be fairly based on this questionnaire. I also understand that giving false information may constitute cause for discharge or removal from work and denial of any referrals by referral office from the date of this application forward.

Signature: _____