

***Keystone + Mountain + Lakes
Regional Council of Carpenters***

Journeyman Application

Assessment Procedure

Revised 11/19/2014

**Please complete the following application and return it by fax
or mail to the following location**

Return by mail

Journeyman Applications
KMLRCC
609 Broadway
Bridgeport WV 26330

By fax

Cover sheet stating "Journeyman Application"
304-842-5125

Application for Journeyman Carpenter

Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Pager/Mobile: _____

Email: _____

Social Security Number: _____--____--_____

Last Grade of School Completed: _____

Name of School and Location: _____

Sex: Male _____ Female _____

Person to contact in case of an emergency:

Name: _____ Telephone: (____) _____

How many years have you **MADE YOUR LIVING** working as a carpenter in the Carpentry

Trade? _____

If it would be necessary for you to give notice to your current employer, how many days, weeks,

Etc. would be required? _____

Why do you want to join the Carpenters Union? _____

Application is not complete without ALL pages

To the Applicant

-Please read the following information.

-Print and sign your name at the bottom of the page after reading.

Please be aware that upon your signing of this document, you make notice that you have read and understand the following.

A majority of the contractors in the jurisdiction of the Keystone Mountain Lakes Regional Council of Carpenters (KMLRCC) require that any carpenter in their employ assist them in creating a drug- free workplace by taking part in a drug screening program managed by a non-biased third party. These tests are also administered randomly on some job sites. The test comes at no cost to you personally. Our membership and contractors agree very strongly regarding this process to ensure the safety of workers on the job.

By this application you agree to the take part in a skills assessment. This assessment includes both written and manipulative portions. Upon receipt of this application you will be scheduled for the assessment. You must bring ALL personal hand tools and dress appropriately for work. Upon completion of the assessment, your results will be forwarded to the Local Union that covers the area in which you reside. Completion of the assessment does not guarantee membership or placement, it assesses skills only. Questions of membership shall be decided by the Local Union to which you apply.

I hereby understand that I will be required to submit myself to a substance test for the purposes of determining my "drug free" status. I freely and willingly submit to this test for illegal or controlled substances. I understand that if I refuse to submit to the test or interfere with the test in any way I shall forfeit my application to the KMLRCC. I also agree that I will release the results of my drug screening to a representative of the KMLRCC or the WV Carpenter Training Center. I agree that I shall not hold any member of the United Brotherhood of Carpenters, the KMLRCC, or the WV Carpenter Training Center responsible for the results of my substance screening.

I understand and acknowledge that my participation in the Journeyman assessment does not guarantee either membership or placement.

I understand and agree that I will submit to a background check and release the results to KMLRCC WV District or its agent.

Print name

Date

Sign name

Date

Journeyman Application Background Screening Authorization

Application is VOID unless the below authorization is complete.

I hereby authorize the KMLRCC – WV District and the WV Carpenter Training Center to order a background screen on my behalf and under my own actions and control. I acknowledge and agree that the KMLRCC – WV District and the WV Carpenter Training Center has a legitimate need to verify my identity before I complete the training and safety courses used for the construction industry.

I understand that the screening agency will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my **driving, criminal, civil, and other experiences**. I understand that investigative background inquiries are to be made on myself on the following:

- Social Security Verification
- Motor Vehicle search
- Criminal Convictions
- Patriot act search (Prohibitive Parties)

I authorize without reservation, any part or agency contacted by the screening agency to furnish the above mentioned information.

I hereby consent to the KMLRCC – WV District or the WV Carpenter Training center ordering the above information from the screening agency and/or any of their licensed agents. I understand to aid in the proper identification of my file or record the following information, as well as other information is necessary.

Print Full Legal First Name *Print Full Legal Middle Name* *Print Full Legal Last Name* *Suffix*

_____-_____-_____
Social Security Number ____/____/____
Date of Birth (____)____-____
Daytime Telephone

Current Street Address

City *State* *Zip*

Current driver's license # *State of issued Driver's license*

Applicant Signature *Date*

West Virginia District Carpenters

1. Have you ever worked with Acoustical ceilings? Yes _____ No _____
2. If yes, what types: _____

3. Name of contractors and length of time: _____

4. Would you say you are qualified to perform ceiling work? Yes _____ No _____
5. Have you ever worked with metal framing? Yes _____ No _____
6. Name of contractors and length of time: _____

7. Can you build soffits using metal framing? Yes _____ No _____
8. Can you do layout for framing based on blueprints? Yes _____ No _____
9. Would you say you are qualified to perform metal frame work? Yes _____ No _____
10. Have you installed drywall professionally? Yes _____ No _____
11. Name of contractors and length of time: _____

12. How many sheets would you consider a good day's work? _____
13. Would you say you are qualified to perform drywall work? _____
14. Have you ever installed concrete forms? Yes _____ No _____
15. Name of contractors and length of time: _____

16. If you have ever worked with panel systems, please name the types of concrete forms used:

17. Would you say you are qualified to perform form work? Yes _____ No _____
18. Have you ever worked as a carpenter on a bridge? Yes _____ No _____
19. Name of contractors and length of time: _____

20. Would you say you are qualified to perform bridge work? Yes _____ No _____

West Virginia District Carpenters

21. Have you installed finish, trim, and/or case work professionally? Yes _____ No _____

22. Name of contractors and length of time: _____

23. What type of finish work have you installed? _____

24. Would you say you are qualified to install finish work? Yes _____ No _____

25. Have you worked as a wood and/or roof framer? Yes _____ No _____

26. Name of contractors and length of time: Residential or Commercial? _____

27. Would you say you are qualified to work as a wood framer? Yes _____ No _____

28. Have you ever installed flooring? Yes _____ No _____

29. Name of contractors and length of time: _____

30. Please list the types of flooring you can install: _____

31. Do you feel you are qualified to work as a floor layer? Yes _____ No _____

32. Have you ever done Trade show/exhibit work? Yes _____ No _____

33. Do you have a powder actuated tool license? Yes _____ No _____

34. Do you have a State Contractors license? Yes _____ No _____

35. Can you read blueprints? Yes _____ No _____

36. Do you know how to use a laser? Yes _____ No _____

37. Do you have a laser license? Yes _____ No _____ Brand name:

38. Do you know how to use a transit? Yes _____ No _____

39. Do you know how to weld? Yes _____ No _____

40. Can you install door closers, panic bars, and other hardware? Yes _____ No _____

41. If yes, please list: _____

42. Have you ever been a member of the Carpenters Union? Yes _____ No _____

West Virginia District Carpenters

43. If yes, please list the local number and year: _____

44. Do you have a valid driver's license? Yes _____ No _____

45. Do you own an automobile? Yes _____ No _____

46. Do you object to substance testing? Yes _____ No _____

47. Do you own a full set of carpenters' hand tools? Yes _____ No _____

48. How did you hear about the Carpenters Union? _____

49. Please list any additional information about yourself that you feel the Carpenters Union should be made aware of, (example, you are bilingual): _____

50. Please list any certification or qualifications you may already have:

(ex. - forklift, scissor lift, OSHA) _____

Signature: _____

Date: _____

Work History

Employer: _____
Address: _____
Supervisor: _____ Title: _____
Dates employed: From _____ To _____
Job location: _____ Type of work performed: _____
Job classification: _____
Starting hourly rate/salary: _____ Final hourly rate/salary: _____
Reason for leaving: _____
Contact person: _____ Contact phone: (____)_____

Employer: _____
Address: _____
Supervisor: _____ Title: _____
Dates employed: From _____ To _____
Job location: _____ Type of work performed: _____
Job classification: _____
Starting hourly rate/salary: _____ Final hourly rate/salary: _____
Reason for leaving: _____
Contact person: _____ Contact phone: (____)_____

Employer: _____
Address: _____
Supervisor: _____ Title: _____
Dates employed: From _____ To _____
Job location: _____ Type of work performed: _____
Job classification: _____
Starting hourly rate/salary: _____ Final hourly rate/salary: _____
Reason for leaving: _____
Contact person: _____ Contact phone: (____)_____