

Construction Skills Survey

Name: _____

Please indicate your interest and level of experience:

Novice - Willing to Learn, Intermediate - Can Work Alone, Experienced - Willing to Supervise

	Novice	Intermediate	Experienced
Skills/Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and Architecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Flatwork/Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finish Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any specific trade licenses you hold: _____

Please complete this to identify your availability:

Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Saturday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Sunday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM			