



Joint Industry Board of the Electrical Industry

Skill Sheet

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

First Name _____

Last Name _____

Last 4 Digits of SSN _____

Classification _____

Home Phone _____ Cell Phone _____

		Please click the proper box with your answers.
Yes	No	Have you received the COVID-19 vaccine?
Yes	No	Are you willing to work Nights?
Yes	No	Do you have an asbestos license?
Yes	No	Do you have telephone data experience?
Yes	No	Do you have fiber optic experience?
Yes	No	Do you have Category 5 experience?
Yes	No	Do you have Category 6 experience?
Yes	No	Are you certified for confined spaces?
Yes	No	Do you have a Connecticut License?
Yes	No	Do you have a fusion splicer – fiber optic cable experience?
Yes	No	Do you have fire alarm experience?
Yes	No	Do you have BX cable experience?
Yes	No	Do you have control wiring experience?
Yes	No	Do you have BMS Johnson Control experience?
Yes	No	Do you have supervision experience?
Yes	No	Are you still interested in supervision?

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