

# ELECTRICIAN'S QUESTIONNAIRE

## EXPERIENCE

Please Fill Out Both Sides

NO	SOME	EXTENSIVE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>HOW MUCH EXPERIENCE DO YOU HAVE WITH THE FOLLOWING:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESIDENTIAL WIRING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMERCIAL WIRING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDUSTRIAL WIRING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VOICE & DATA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SERVICE REPAIR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____
			_____
			_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>RIGID &amp; IMC CONDUIT BENDING, THREADING &amp; INSTALLATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2" THROUGH 1"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 1/4" THROUGH 2"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 1/2" THROUGH 4"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXPLOSION PROOF WORK
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVC CONDUIT BENDING AND INSTALLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EMT (ELECTRICAL METALLIC TUBING) BENDING &amp; INSTALLATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2" THROUGH 1 1/4"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 1/2" AND UP

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WIRE PULLING AND TERMINATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#16 THROUGH #2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 THROUGH 500 MCM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPEAKER CABLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TELEPHONE CABLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COAX AND COMPUTER CABLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIBER OPTIC

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>HIGH &amp; MEDIUM VOLTAGE WIRE PULLING &amp; TERMINATING</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 KV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 KV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 KV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____
			_____
			_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MOTOR AND MOTOR CONTROL WIRING</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC MOTOR WIRING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC DRIVE WIRING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DC DRIVE WIRING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RELAY LOGIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAMMABLE CONTROLLER HOOK-UP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAMMABLE CONTROLLER PROGRAMMING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____
			_____
			_____

# EXPERIENCE

NO  
SOME  
EXTENSIVE

## TRANSFORMER WIRING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL TRANSFORMERS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POWER TRANSFORMERS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____
_____			
_____			

## NATIONAL ELECTRICAL CODE EXPERIENCE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____
_____			

PROJECT FOREMAN OR MANAGEMENT EXPERIENCE

INSTRUMENTATION EXPERIENCE

## SYSTEMS EXPERIENCE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE ALARM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECURITY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPEAKER AND INTERCOM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____
_____			
_____			

TROUBLESHOOTING EXPERIENCE \_\_\_\_\_

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ANY OTHER PERTINENT JOB EXPERIENCE THAT MAY BE USEFUL AS  
A CONSTRUCTION ELECTRICIAN \_\_\_\_\_

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