

To be completed by EMPLOYEE

Employee name: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Please rate each employee's skill level using a 1 to 5 scale, 1 being limited skill and 5 being expert. Leave blank any skills that the employee has now knowledge of.

<b>Paint</b>	<b>Plaster</b>	<b>Conservation</b>	<b>Dec Painting</b>	<b>Murals</b>	<b>Other</b>
<input type="checkbox"/> Straight painting	<input type="checkbox"/> Flat	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Faux Bois	<input type="checkbox"/> Figurative	<input type="checkbox"/> computer
<input type="checkbox"/> Prep/Skim coat	<input type="checkbox"/> Ornamental	<input type="checkbox"/> Consolidation	<input type="checkbox"/> Foux Marble	<input type="checkbox"/> Pictoral	<input type="checkbox"/> Writing skills
<input type="checkbox"/> SpECIALTY coatings	<input type="checkbox"/> Mold Making	<input type="checkbox"/> In-painting	<input type="checkbox"/> Gilding	<input type="checkbox"/> Stenciling	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Wood finishing	<input type="checkbox"/> Sculpting	<input type="checkbox"/> Other	<input type="checkbox"/> Lining	<input type="checkbox"/> Lining / Striping	<input type="checkbox"/> Labor
<input type="checkbox"/> Spraying	<input type="checkbox"/> Lathe	<input type="checkbox"/> Exposure windows	<input type="checkbox"/> Marmorino	<input type="checkbox"/> Silk Screening	<input type="checkbox"/> Estimating
<input type="checkbox"/> Paper hanging	<input type="checkbox"/> Consolidation	<input type="checkbox"/> Paint Sampling	<input type="checkbox"/> Stenciling	<input type="checkbox"/> Mural Instalation	<input type="checkbox"/> Forman / Supervisor
<input type="checkbox"/> Other	<input type="checkbox"/> Scagliola	<input type="checkbox"/> Report Writing	<input type="checkbox"/> Venetion Plaster	<input type="checkbox"/> Other	<input type="checkbox"/> Design
<hr/>				<hr/>	
	<input type="checkbox"/> Stucco	<input type="checkbox"/> Pattern Documentation	<input type="checkbox"/> Wall Coverings		<input type="checkbox"/> Blue Prints
	<input type="checkbox"/> Limeplaster	<input type="checkbox"/> Mosaic	<input type="checkbox"/> Color Matching		<input type="checkbox"/> Welding
	<input type="checkbox"/> Shop Drawing	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Marble & Stone Cleaning
	<input type="checkbox"/> Instalation / Drawing	<hr/>			<input type="checkbox"/> Terazzo Cleaning
	<input type="checkbox"/> Other				<input type="checkbox"/> Languages
	<hr/>				<input type="checkbox"/> Other
					<hr/>

<b>Safety (2)</b>	<b>Expiration date</b>
<input type="checkbox"/> OSHA 10	_____
<input type="checkbox"/> OSHA 30	_____
<input type="checkbox"/> CPA	_____
<input type="checkbox"/> Local Law 52 / Support Saffold	_____
<input type="checkbox"/> Suspended Scaffold	_____
<input type="checkbox"/> Erector / Dismantel Scaffold	_____

(1) include copies of all Safty Certificates

(2) identify special coatings

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