



unifor

NABET 700-M

Ontario Film, Television & New Media Technicians

CONSTRUCTION DEPARTMENT PERMITTEE CHECKLIST

Your health and safety remains our concern. Please take a few moments to identify your work experience. Please complete the following and attach it to your application form.

DATE: _____

NAME: _____

No experience Less than 2 years More than 5 years

10" table saws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compound mitre saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circular saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Router	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tile setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring/carpeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard wide crown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16' & 18' gauge pin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding/Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- WHMIS Certificate
- Electrical Journeyman
- Fall Protection/Working at Heights
- Aerial Lift Safety Course
- Forklift Certification
- Other _____

- Plastic laminate installation
- Flat building/canvas/ceiling
- Riser building
- Riser assembly
- Jack building
- Floorplans/layouts
- Door hanging
- Window building