

Skymont Service Corp
Camp Resource Skill Survey



Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Unit #: _____

Profession: _____

Employer/Company Name: _____

What are your two best handyman Skills? _____

<u>I have experience/ Skills in: (check all that apply)</u>		<u>I have access to the following equipment:</u>	
<input type="checkbox"/> Bricklayer/Mason	<input type="checkbox"/> Painter	<input type="checkbox"/> Back Hoe	<input type="checkbox"/> Front-End Loader
<input type="checkbox"/> Carpenter– Finish	<input type="checkbox"/> Plumber	<input type="checkbox"/> Bush Hog	<input type="checkbox"/> Flatbed
<input type="checkbox"/> Carpenter– Rough	<input type="checkbox"/> HVAC/Refrig.	<input type="checkbox"/> Bull Dozer	<input type="checkbox"/> Grader
<input type="checkbox"/> Electrician-- Licensed	<input type="checkbox"/> Roofer	<input type="checkbox"/> Cement Mixer	<input type="checkbox"/> Lawn Tractor
<input type="checkbox"/> Electrician– Handyman	<input type="checkbox"/> Tile Work- Flooring	<input type="checkbox"/> Cherry Picker	<input type="checkbox"/> Log Splitter
<input type="checkbox"/> Locksmith	<input type="checkbox"/> Welder-Prof/Amateur	<input type="checkbox"/> Ditch Witch	<input type="checkbox"/> Skid-Steer
<input type="checkbox"/> Mechanic– Auto/Truck	<input type="checkbox"/> Chainsaw Proficient	<input type="checkbox"/> Dump Truck/Trailer	<input type="checkbox"/> Chainsaw
<input type="checkbox"/> Mechanic– Sm. Engine	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> Excavator	<input type="checkbox"/> Stump Grinder
<input type="checkbox"/> Other / List: _____		<input type="checkbox"/> Other / List: _____	

If you checked a box, please explain your experience: _____

Camp Ranger Notes: _____
