

SKILLS QUESTIONNAIRE

(To be completed electronically if possible. Please read *Skills Questionnaire Instructions* [A-2i] carefully before completing this form.)

1. (a) Legal name: _____ (Last) (First) (Middle) (Suffix) (b) Gender: _____ (c) Identification number: _____
 (For those in full-time service)
2. Mailing address: _____ (Street address or route and box) (City) (Province or state) (Zone or code) (Country)
3. (a) Home telephone: _____ (b) Mobile telephone: _____ (c) E-mail address: _____
4. Congregation: _____ (Name) (City) (Province or state) (Congregation number)
5. (a) Date of birth: _____ (b) Date of baptism: _____ (c) Place of birth: _____ (d) Marital status: _____

6. Nationality (Country)	Status	Primary?	Notes*
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

*Provide additional helpful details, such as parents' country of origin.

7. Language	Speaking	Reading	Writing	Primary?	Notes#
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

#Provide additional helpful details, such as mother tongue, schooling, or experience.

INSTRUCTIONS: Please complete the questionnaire as shown in the sample below by selecting a skill and subskill. If your subskill is not listed in the drop-down list, please select “[Skill]/Other” and then provide a description of the subskill under “Additional Details.” Only list skills for which you have one of these proficiency levels: Semiskilled (can work with limited supervision), Skilled (can work independently), or Expert (can train others). Once you have completed the questionnaire, please send it to the branch office.

Skill/Subskill	Specialties	Years of Work	Years of School	Licensed/Certified	Skill Level	Additional Details
<i>Cabinetry/Countertop fabrication</i>	<i>Granite</i>	<i>4</i>	<i>1</i>	<input checked="" type="checkbox"/>	<i>Skilled</i>	<i>Helped build custom kitchens for private homes.</i>
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

I hereby consent to the collection and processing of my personal data necessary for the evaluation of my skills. I further consent to the branch office of Jehovah’s Witnesses that administers the activities of Jehovah’s Witnesses in my geographic area processing and retaining for its use the information found on this questionnaire and any additional information that may be submitted in connection with my questionnaire by individuals serving as elders of Jehovah’s Witnesses or by me. I understand that the transfer of my personal data to the branch office of Jehovah’s Witnesses and to the ecclesiastical Governing Body of Jehovah’s Witnesses (the “Governing Body”) in the State of New York, United States of America, may be necessary. I authorize the transfer to the Governing Body of the information found on this questionnaire and any additional personal information that the Governing Body deems necessary regarding my skills.

Signed by: /s/ _____
 (Type name to indicate signature)

Date: _____