

IBEW 1002

Referral Application



APPLICANT INFORMATION					
Name				SSN	
Street Address				DOB	
City		State		Zip	
Phone No.			Email		
US citizen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Race		
Driver's License No.			CDL End.	A <input type="checkbox"/>	B <input type="checkbox"/>
				None <input type="checkbox"/>	
				Haz-Mat <input type="checkbox"/>	Tanker <input type="checkbox"/>

ADDITIONAL INFORMATION			
<i>Position Applying for: Check (X) One</i>	<i>Years of Experience</i>	<i>Position Requirements</i>	
<input type="checkbox"/> Groundman		Previous experience not required	
<input type="checkbox"/> Operator		Must submit 4,000 hours and be approved by Business Agent	
<input type="checkbox"/> Journeyman Lineman		Must submit 10,000 hours, pass Local Union Journeyman test and be approved by Business Agent	
<i>Certifications: Check (X) all that apply: (Must provide current copy)</i>			
<input type="checkbox"/> CPR	<input type="checkbox"/> OSHA 500	<input type="checkbox"/> Cable Splicer	
<input type="checkbox"/> First Aid	<input type="checkbox"/> Code of Excellence	<input type="checkbox"/> Confined space	
<input type="checkbox"/> OSHA 10	<input type="checkbox"/> Crane	<input type="checkbox"/> Welder	
<input type="checkbox"/> OSHA 30	<input type="checkbox"/> Flagger	<input type="checkbox"/> Forklift	

WORKING ASSESSMENT DEDUCTION AUTHORIZATION

I hereby authorize and direct my employer to deduct from my pay the working assessments in the amount fixed in accordance with the Bylaws of Local Union 1002 and the Constitution of the International Brotherhood of Electrical Workers and to pay same to said Local Union in accordance with the terms of the bargaining agreement between the Employer and the Union.

This authorization shall be irrevocable for a period of one year, without regard to whether I am a member of the Union during that period, and I agree that this authorization shall be automatically renewed and irrevocable for successive periods of one year unless revoked by written notice to employer and the Local Union within the ten (10) day period to the anniversary of the authorization.

Electronic Signature: In accordance with federal law, the parties may execute this Working Assessment Authorization electronically-equaling to the same degree as a handwritten signature- by using the following process. The applicant must fill in name and date below, and check the Electronic Signature box.

Signature		Electronic Signature <input type="checkbox"/>	Date	
-----------	--	---	------	--

EDUCATION					
School Name		City State	Years Attended	Certificate/Degree	
High School					
College / Technical					
Have you served in an apprenticeship? YES <input type="checkbox"/> NO <input type="checkbox"/>		Was it Federally Approved? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If so, Where: _____		How Long? _____			
Have you ever passed an examination for Journeyman given by an IBEW Local? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If so, Local Union: _____					

Previous Employment				
Company Name	City, State	Kind of Work or Job Title	Dates Worked	Reason for Leaving

DISCLAIMER AND SIGNATURE				
<p>I certify that my answers are true and complete to the best of my knowledge, and are made in good faith to assist the hiring hall in determining my proper group classification in accordance with the Referral Procedure Regulations and that any false statement would be cause of rejection of application, removal of name from referral list, and or discharge from job.</p> <p>Electronic Signature: In accordance with federal law, applicants may sign electronically-equaling to the same degree as a handwritten signature- by using the following process. The applicant must fill in name and date below, and check the Electronic Signature box.</p>				
Signature		Electronic Signature <input type="checkbox"/>	Date	