

DATE _____

LABORERS INTERNATIONAL UNION OF NORTH AMERICA APPLICATION

NAME _____
(First) (Middle) (Last)

SOCIAL SECURITY NO. _____

ADDRESS _____

TELEPHONE () _____

CITY/STATE _____

ZIP CODE _____

ARE YOU WILLING TO TAKE A PRE-EMPLOYMENT DRUG TEST? YES ___ NO ___

ARE YOU 18 YEARS OLD OR OLDER? YES ___ NO ___ D/O/B _____

DO YOU HAVE A VALID IOWA DRIVER'S LICENSE? YES ___ NO ___

ARE YOU WILLING TO TRAVEL? YES ___ NO ___ E-MAIL ADDRESS _____

DO YOU HAVE ANY HEALTH PROBLEMS, DEFECTS, OR INJURIES THAT COULD AFFECT YOUR EMPLOYMENT?
YES ___ NO ___ IF YES, PLEASE EXPLAIN _____

HAVE YOU ATTENDED TRADE SCHOOL? YES ___ NO ___ AREA OF STUDY _____

DO YOU HAVE EXPERIENCE/SKILL OR TRAINING IN ANY OF THE FOLLOWING AREAS?

	YRS/MONTHS	TRAINING
1. asbestos removal		
2. augercast/caisson		
3. carpenter tender		
4. cement work		
a) finishing		
b) puddling		
5. cutting torch		
6. dewatering		
7. explosives		
8. form work		
9. grading/elevation		
10. hazardous waste		
11. jackhammer		
12. masonry work		
a) mortar mixing		
b) lull operator		
c) mason tender		
d) mason		

	YRS/MONTHS	TRAINING
13. pipeliner		
a) distribution		
b) mainline		
14. plaster mixer		
15. read blueprints		
16. rigging/signaling		
17. run bobcat		
18. sewer pipe		
a) bottom man		
b) top man		
19. tie rebar/mesh		
20. welding		

WOULD ANY CURRENT MEMBERS RECOMMEND YOU? _____

HAVE YOU WORKED OUT OF A UNION HALL BEFORE? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___
IF YES, EXPLAIN: (CRIME, DATE, SENTENCE) _____

IS THERE ANYTHING ELSE YOU FEEL WE SHOULD KNOW IN CONSIDERING YOUR APPLICATION? _____

CIRCLE LAST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 MORE

ARE YOU A HIGH SCHOOL GRADUATE/G.E.D.? YES ___ NO ___ YEAR OF GRADUATION _____

DO YOU HAVE A COLLEGE DEGREE? YES ___ NO ___ YEAR OF GRADUATION _____

PART II

LIST LAST THREE (CONSTRUCTION) EMPLOYERS

DATES OF EMPLOYMENT

1. _____ FROM _____
_____ SALARY _____ TO _____

2. _____ FROM _____
_____ SALARY _____ TO _____

3. _____ FROM _____
_____ SALARY _____ TO _____

I AM A CITIZEN, NATIONAL OR AUTHORIZED ALIEN OF THE UNITED STATES,
YES _____ NO _____

ARE YOU A U.S. VETERAN? ENTRY DATE _____ DISCHARGE DATE _____
TYPE OF DISCHARGE _____ BRANCH OF SERVICE _____ M.O.S. _____

RACE (Please Circle)

- Caucasian (white) African American Hispanic/Latino Asian
Native American Pacific Islander Other

ARE YOU WILLING TO ADHERE TO THE FOLLOWING WORK PRINCIPLES?

1. REPORT TO WORK ON ALL SCHEDULED DAYS.
2. BE READY, WILLING AND ABLE TO START WORK ON TIME EVERY DAY.
3. NO ALCOHOL OR ILLEGAL DRUGS PRIOR TO OR DURING THE WORK DAY.
4. NOTIFY SUPERINTENDANT OR FOREMAN, PRIOR TO WORKDAY, IF UNABLE TO WORK.
5. NOT ABUSE BREAKS OR LUNCH PERIOD.
6. GIVE 8 HOURS WORK FOR 8 HOURS PAY.
7. ATTEND TRAINING CLASSES FOR SKILL DEVELOPMENT OR SKILL UPGRADING.
8. NEVER QUIT A JOB TO WHICH YOU HAVE BEEN REFERRED.

YES _____ NO _____

I UNDERSTAND THAT MY PAY RATE AS ESTABLISHED BY THE UNION WILL BE DETERMINED BY
MY LEVEL OF QUALIFICATIONS AND TRAINING.

SIGNATURE _____
DATE _____

NATIONAL CAREER READINESS CERTIFICATE: (Please Circle) Platinum Gold Silver Bronze

I ATTEST THAT THE INFORMATION I HAVE FREELY GIVEN IS GENUINE AND TRUTHFULL.
ANY MISREPRESENTATION MAY BE CAUSE FOR TERMINATION OF MEMBERSHIP.

SIGNATURE: _____
DATE: _____