

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL NO 428

Work History/Member Information

DATE: _____

ARE YOU OR HAVE YOU EVER BEEN A MEMBER OF ANY UNION? NO <input type="checkbox"/> YES <input type="checkbox"/>	
UNION YOU BELONG TO: Labor Teamsters Iron Workers Operators OTHER: _____	
LOCAL #: _____ REGISTER #: _____ INITIATION DATE: _____ DUES PAID THRU: _____	

Personal Information

Social: -- --		Date of Birth:	
First Name:		M:	Last Name:
Address:			
City:	State:	Zip:	County:
PLEASE PROVIDE CELL AND EMAIL ---		Cell:	
E-Mail Address:			
Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Referred By:			
Ethnicity: (Please Circle) Caucasian African American Hispanic Asian Naitive American			
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	

Check types of work performed

<input type="checkbox"/> Aggregate	<input type="checkbox"/> Mining
<input type="checkbox"/> Asphalt	<input type="checkbox"/> Pipeline
<input type="checkbox"/> Commercial	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Concrete	<input type="checkbox"/> Underground
<input type="checkbox"/> Highway	<input type="checkbox"/> Utility

Work districts desired

<input type="checkbox"/> Phoenix	<input type="checkbox"/> Flagstaff	<input type="checkbox"/>
<input type="checkbox"/> Tucson	<input type="checkbox"/> Yuma	<input type="checkbox"/>

WORK HISTORY

COMPANY: _____ START _____ END _____

Type of Equipment Operated: _____

Type of Work: (highway, residential etc..) _____

Contact Person: _____ Phone #: _____

COMPANY: _____ START _____ END _____

Type of Equipment Operated: _____

Type of Work: (highway, residential etc..) _____

Contact Person: _____ Phone #: _____

COMPANY: _____ START _____ END _____

Type of Equipment Operated: _____

Type of Work: (highway, residential etc..) _____

Contact Person: _____ Phone #: _____

CERTIFICATIONS

CDL		HEALTH	
	CLASS A	<input type="checkbox"/>	DL#:
	CLASS B	<input type="checkbox"/>	
			COVID-19 VACCINE
			BLOOD DONOR
Endorsmet			
	Doubles	<input type="checkbox"/>	
	Hazmat	<input type="checkbox"/>	
	Tanker	<input type="checkbox"/>	
	Triples	<input type="checkbox"/>	
Miscellaneous			
	Dust Cert	<input type="checkbox"/>	
	Forklift	<input type="checkbox"/>	
	MSHA	<input type="checkbox"/>	
	OECP	<input type="checkbox"/>	
	OSHA	<input type="checkbox"/>	
	Rigger	<input type="checkbox"/>	
	Signal	<input type="checkbox"/>	
	TWIC	<input type="checkbox"/>	
NCCCO Certifications			
			ARTIC BOOM CRANE W WINCH (ABW)
			ARTIC BOOM LOADER (ABL)
			ARTICULATING BOOM CRANE (ABC)
			Boom Truck (BTF)
			Crawler Mount (LBC)
			DIGGER DERRICKS (DDO)
			Large Hydro (17.5 Ton + Above) (TLL)
			Lattice Truck Mount (LBT)
			Overhead (OVR)
			SERVICE TRUCK CRANE (STC)
			Small Hydro (Under 17.5 Ton) (TSS)
			Tower (TWR)

EQUIPMENT

Aggregate	Yrs of Exp	Backhoes	Yrs of Exp
Aggregate Plant operator	<input type="checkbox"/>		
Concrete Batch Plant Operator	<input type="checkbox"/>		
Crusher	<input type="checkbox"/>		
Conveyor operator	<input type="checkbox"/>		
Hot Plant Operator	<input type="checkbox"/>		
Rotor / Milling Machine operator	<input type="checkbox"/>		
WASH PLANT	<input type="checkbox"/>		
CONCRETE			
Concrete Pump operator	<input type="checkbox"/>		
Concrete paver	<input type="checkbox"/>		
Asphalt Equip			
Asphalt paver / laydown machine operator	<input type="checkbox"/>		
Breakdown asphalt roller	<input type="checkbox"/>		
Finish Asphalt Roller	<input type="checkbox"/>		
Roller (Subgrade/AB)	<input type="checkbox"/>		
Screed operator	<input type="checkbox"/>		
Steel Drum	<input type="checkbox"/>		
Bulldozer			
		Backhoe (Rubber Tire/Track less than 1 cy)	<input type="checkbox"/>
		Backhoe (Rubber Tire/Track more than 1 cy)	<input type="checkbox"/>
		Tugger/Winch Operator	<input type="checkbox"/>
		JOHN DEERE	<input type="checkbox"/>
		Case	<input type="checkbox"/>
		Dozer Finish	<input type="checkbox"/>
		Dozer GPS	<input type="checkbox"/>
		Dozer Rough	<input type="checkbox"/>
		Dozer with Slope Board	<input type="checkbox"/>
		Push Cat operator	<input type="checkbox"/>
		Sideboom	<input type="checkbox"/>
		Dozer with Winch	<input type="checkbox"/>

Survey			Trucks Cont			Yrs of Exp	
Grade Checker	<input type="checkbox"/>		Water Truck	<input type="checkbox"/>			
Rod-Man / Chainman	<input type="checkbox"/>		BROOM	<input type="checkbox"/>			
Survey Instrument Man	<input type="checkbox"/>		TACK TRUCK	<input type="checkbox"/>			
Survey Party Chief	<input type="checkbox"/>		Winch Truck	<input type="checkbox"/>			
GPS GRADE CHECKER	<input type="checkbox"/>		Bucket truck	<input type="checkbox"/>			
Topcon	<input type="checkbox"/>		OTHER				Yrs of Exp
Trimble	<input type="checkbox"/>						
Trucks							
Rock/Haul Truck	<input type="checkbox"/>						
Sweeper	<input type="checkbox"/>						
Vac Truck	<input type="checkbox"/>						

UNIFORM RULES FOR DISPATCHMENT TO WORK & REGISTRATION/REFERRAL FEES

- 1.) Workman must have a telephone number on file with the Dispatcher at which they can be readily contacted for referral or they must be physically present in the dispatching office in which they are registered for work between the hours of 7:00am and 4:00pm, Monday through Friday.
- 2.) Workmen must be ready, willing and able to proceed to the job site and perform the work for which they are dispatched.
- 3.) Registration/Referral fees (currently \$50.00) are payable every 30 calendar days following first registration.
- 4.) Registration/Referral fees will not be accepted by mail in the first instance. They shall be paid in the Dispatch Office at the time of their first registration and shall compensate the Union on a pro-rata basis for the costs of maintaining and servicing its hiring facilities and for all other costs for servicing such as bargaining, handling grievances, etc. which the Union perform without regard to whether an employee in the bargaining unit is or is not a member of the Union. Registration/Referral fees for subsequent 30 day periods may be paid by mail.
- 5.) One Registration/Referral fee each 30 days entitles workmen to registration and referral from any or all of the Local 428 dispatch offices in the state of Arizona as the workman desires.

I authorize Local No. 428 to verify the references given. The foregoing information is true and correct to the best of my knowledge. I have read the hiring regulations of the Industry Labor Agreement posted on the bulletin board. I hereby register pursuant thereto. I certify a minimum of two years of verifiable operating engineer experience in the building, heavy and highway construction and/or other related industry contracts and on equipment listed.

I hereby designate Operating Engineers Local No. 428 as my sole representative in collective bargaining matters when I am employed with signatory contractors and I agree to pay the posted registration and referral fees for the use of the union hiring hall. I further agree to abide by all the union's dispatching rules and procedures as stated in the current collective bargaining agreements under which I may be employed.

SIGNATURE: _____

DATE: _____

WITNESS: _____