



IATSE 470 HIRING HALL WORKERS AGREEMENT

In accordance with Article I Section 1.1 of the IATSE Local # 470 Hiring Hall Referral Procedure, I the undersigned acknowledge that I have read and intend to abide by the established Hiring Hall Referral Procedure and Conduct Policy of IATSE Local # 470.

I further acknowledge that any violation by me of this established procedure may result in my being fined, suspended or removed from the Hiring Hall Dispatch List.

Print Name: _____

Signature: X _____ Date: _____

Address: _____

City: _____ State _____ Zip _____

Main Phone No.: _____ 2nd Phone No.: _____

E-Mail Address: _____

Education:

Primary/GED:

Name _____ City _____ Grade Completed _____ Date _____

College:

Name _____ City _____ Degree _____ Date _____

Major _____ Minor _____

Additional Education: _____
(Please List)

Additional Skills/Experience: _____
(Please List)

Work Limitations: _____
(Scheduling, Transportation, Physical, etc...)

Emergency Contact Information:

Name _____ Relationship _____ Phone No. _____

How did you hear about the Hiring Hall?

Return signed and dated Workers Agreement to:

**IATSE Local 470
P.O. Box 3351
Oshkosh, WI 54903**