



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 Code _____

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

E-Mail Address: _____

EDUCATION:

Primary/GED: _____
Name _____ City _____ State _____ Grade Completed _____ Date _____

College: _____
Name _____ City _____ State _____ Degree _____ Date _____

Major _____ Minor _____

Additional Education: _____
(Please List)

Additional Skills/Experience: _____
(Other than IA-470. Please List)

Union Affiliation: _____
(Other than I.A.T.S.E. – Local 470)

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

Emergency Contact Information: _____
Name _____ Relationship _____ Phone No. _____

How did you hear about the Hiring Hall? _____

Please return signed and dated Workers Agreement to: IATSE Local 470
(or your Job Steward) P.O. Box 2421
Appleton, WI 54912