



## 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.: \_\_\_\_\_ 2<sup>nd</sup> 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