



APPLICATION FOR REFERRAL HALL CASUAL WORK

PLEASE PRINT

DATE _____

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Birthday _____ Home Phone # (include area code) _____ Pager/Cell # _____

Are you a Teamster Member? YES ___ NO ___ Current Employer _____ Laid Off? YES ___ NO ___

Member of another Union? YES ___ NO ___ If yes, which Union? _____ Local Union No. _____

WHAT KIND OF JOB(S) ARE YOU APPLYING FOR? (CHECK ALL YOU ARE APPLYING FOR)

Construction _____ Convention _____ Movie/Video _____ Pipeline _____ Carhaul Driveout _____

List experience or submit a resume: _____

APPLYING FOR A DRIVERS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you possess a commercial drivers license (CDL) YES _____ NO _____ Class _____ Stringing Driver Y/N _____

State _____ Operator Number _____ Expiration Date _____

Endorsements: Air Brake Test-All Drivers _____ Combination Vehicles Test-All Drivers _____

The Hazardous Material Test-All Drivers _____ Doubles/Triples Test-All Drivers _____ Tank Test _____

Passenger Endorsements _____ Additional Endorsements _____ Forklift Certified Y/N _____

Has your drivers license been suspended or revoked in the last 5 years? Y/N _____ If YES, explain: _____

Most recent moving violation: Date _____ Violation _____ State of incident _____

Date available for work _____

I understand that by signing below, any falsification of this application is grounds for removal of my name from the Referral Procedure. I acknowledge receipt of the referral Hall Rules.

PRINT NAME _____

SIGNATURE _____