

Pacific Northwest Regional Council of Carpenters Out of Work List Questionnaire

*Please Print the Following
Information:*

Member of UBC Local # _____

SS# _____

Phone # _____

Last Name _____

First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____ Date of Birth: _____

(Check One)

Journeyman

Apprentice

Appr. Term _____

Metro Counties Clackamas Clark Clatsop Columbia Multnomah

Will Work In: Skamania Tillamook Washington W Klickitat Yamhill

Will Work Above 14' Above 28' 10' Below Ground In Bos'n Chair or Swing Scaffold

Carpenter Certificaton Cards:

Boom Truck Operator Rigging Scaffold Builder

First Aid/CPR Steward Scaffold User

Forklift Operator STP Foreman (Rate A) Certified Welder

Are you Qualified to Accept a job call for a contractor who calls for a specialist in any of the categories below?

Residential Only Heavy Concrete Forms (Bridge, Gang Forms, Freeway Overpass, etc)

Residential Framing Scale General Concrete Forms Cabinet Installation Cleanroom Willing

Wood Framing Scaffolding Wage Doors & Hardware Cleanroom Experienced

Commercial/Industrial Welder Foreman Tradeshow instrument & Layout

Skill Enhancement Classes Completed

Forklift/Shop Tradeshow Training Asbestos Abatement

Forklift/Rough Terrain Firestop Hazardous Waste Management

Door Hardware Solid Surface Installer

I, _____ (print name), assign to the Pacific Northwest Regional Council of Carpenters, from my earnings, a sum equal to the Unions membership dues, assessments and initiation fee (the Union will notify my Employer of the current amount). I authorize and direct my Employer to deduct such sum and remit the money to the Union monthly. This assignment is irrevocable for one(1) year from this date or until the termination of the labor agreement, whichever occurs first. This assignment shall be renewed automatically, for successive 12 month periods, unless the Union and my employer receive my written notice of termination of this assignment not more than twenty (20) days and not less than ten (10) days prior to renewal of the assignment. This authorization is effective regardless of my status as a member, non-member or financial core payer and applies regardless of any future resignation of membership on my part.

SIGNATURE: _____ Date: _____

(Copies of Dispatches will be mailed to members upon request)

_____ Drug Test (Will Take) _____ Drug Card/Union _____ Has your address or phone number changed?