

OUT of WORK REGISTRATION FORM

MUST BE FILLED OUT COMPLETELY (Reverse side Mandatory YEARLY Form)

Name _____ Register No. _____ Date _____

ADDRESS _____

Last Four of SS# _____ Date of Birth ____ - ____ - ____

Local No. _____ 318, 318A, 318B, 318C, 318RA, 318P (Permit) or Home Local

Phone Number ____ - ____ - ____ Email _____ @ _____

ETHNICITY (Please check one)

African-American _____ Caucasian _____ Hispanic _____
Native American/Alaskan Native _____ Pacific Islander/Asian American _____

Are you a Veteran? Yes _____ No _____

Gender: Male _____ Female _____

CERTIFICATIONS _____

LIST EQUIPMENT YOU ARE QUALIFIED TO OPERATE _____

Last Employer _____ Date Finished _____

REFERRAL RULES

The referral of Applicants for our Referral Office is per NLRB Directive governed by the Referral Policy of I.U.O.E. 318. In conformity with the law, preference in order of dispatching is based upon (1) experience in the industry and (2) prior service in the area.

I acknowledge that I have read the Contract and Referral Policy posted at the Referral Office and agree to comply therewith.

SIGNATURE _____

****REVERSE SIDE YEARLY AUTHORIZATION FORM ****

EMPLOYEE REVIEW VOLUNTARY FORM

SUPPLEMENTAL WORKING DUES CHECK-OFF AUTHORIZATION

I, hereby authorize and direct any employer for whom I work under any Collective Bargaining Agreement of the IUOE Local 318 or any of its affiliated Local Unions, to deduct such sums from gross wage and benefit package payable to me as the current applicable Collective Bargaining Agreement then in effect provides for supplemental working dues check-off and Building & Transportation Fund check-off. I, hereby assign this sum of money to IUOE Local 318.

I understand this sum is in addition to regular monthly dues paid by me directly to IUOE Local 318. This assignment and authorization shall be irrevocable for a period of one (1) year or until the termination of the Collective Bargaining Agreement in existence between any employer and IUOE Local 318, whichever occurs sooner; and I agree and direct that this authorization shall automatically be renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of each succeeding applicable Collective Bargaining Agreement between any employer and IUOE Local 318 unless written notice is given by me to IUOE Local 318 and my employer no more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable Collective Bargaining Agreement between my employer and IUOE Local 318, whichever comes sooner.

EMPLOYEE'S SIGNATURE

PRINT NAME

Local Union No. Current Date

Employee's Address

Last Four of Social Security Number

City State Zip

VOLUNTARY CONTRIBUTION TO OPERATORS ACTION FUND

I, hereby authorize and direct each employer signatory to a Collective Bargaining Agreement with IUOE Local 318 or any of its affiliates for whom I work to deduct from my paycheck the amount as determined per the Collective Bargaining Agreement which I am working under. This deduction is for every pay period and to remit such amounts to Operators Action Fund (OAF) at such time and places as other remittances are made to IUOE Local 318.

This authorization is voluntarily made. I understand that the signing of this authorization and the making of payments to the OAF are not a condition of membership in IUOE Local 318, or employment with the employer, that I have the right to refuse to sign this authorization and to make contributions to the OAF without reprisal, and the OAF may use the money it receives to make political expenditures and contributions in connection with Federal, State, and Local elections, charitable contributions and legal defense for the good and welfare of the membership of IUOE Local 318. I also understand that this amount of money is a suggested guideline, and I am free to contribute more or less than this amount by any lawful means other than this check-off and that IUOE Local 318 cannot favor or disadvantage me because of the amount of my contribution or of my decision not to contribute.

This authorization shall remain in effect until revoked by me in writing:

SIGNATURE

DATE

LAST FOUR OF SS#