



JOB BANK
REQUEST FOR WORKERS
1750 NEW YORK AVENUE, NW
WASHINGTON, D.C. 20006

Office Use Only
Job ID Number

2017-0010

Brad Plueger, Chief International Representative
Charles Mulcahy, Director of Craft Services
Patti Shoap pshoap@smart-union.org

1. Local Union Number:

2. Company Name:

3. City and State (where job is available):

4. (a) Number of positions available:
 (Sample Positions: Field, Shop, Architectural Field, Air Balancing, Detailing, Lagging, etc.)

(b) Number of **DRAFTING** positions available:
 Benchmark, Auto Cad required? Other?

(c) Number of **WELDING** positions available:

- Type of Material: Gauge(s):
- Certification Needed: AWS Certification #:
- Process? (tig, mig, stick):
 Additional welding requirements:

5. Hourly Wage Rate: Contributions

\$ On Check LPF \$ 401(k)/Annuity: Yes No \$

\$ Total Package NPF \$

H&W \$ 55/30: Yes No

Working Assessment or \$25.00 Fee: Yes No

If yes, \$ or % Hourly Weekly Monthly

6. Hours Per Week:

7. Shift: 1st 2nd 3rd 8. Overtime: Yes No Maybe

9. Are you a SASMI Local Union? Yes No

10. Has SASMI contractor stipulated to guarantee minimum days? Yes Days No

If not, what is the approximate duration of the job?

11. Are you signatory to the SMART Reciprocal Agreement? Yes No

If yes, check all that apply:

- A Defined Benefit Pension Funds
- C Health & Welfare Funds
- B Defined Contribution Pension Funds
- D Training Funds

12. Who should workers report to?

13. Where should they report?

Phone Number:

14. When should they report?

15. What is the last day a member(s) can report?

16. Is a security clearance required? Yes No Type?

17. Is a drug test required? Yes No

18. Do any other tests need to be taken/passed? Yes No

If yes, others required.

19. Additional Comments/Information:

DL, SS-NON LAMINATED OR I-9 EQUIVILENT, OSHA 10
SAFETY TOED BOOTS
ALL PPE AND HAND TOOLS WILL BE PROVIDED BY THE CONTRACTOR
MUST PROVIDE A VALID EMAIL ADDRESS AND BE ABLE TO COMPLETE AND SUBMIT
AN ELECTRONIC PERSONAL HISTORY QUESTIONNAIRE PRIOR TO ARRIVAL OR HAVE
SOMEONE THAT CAN ASSIST YOU IN COMPLETING THIS.

Signature:

(May be typed)

Date: