Laborers' International Union of N.A. Local NO. 113

6310 West Appleton Ave Milwaukee, WI 53210 Phone: (414)873-4520 Fax: (414)873-5155

Anthony Neira

Business Manager Richard Pusa

www.liuna113.org **APPLICATION FOR EMPLOYMENT REFERRAL**

Secretary -Treasurer

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

| APPLICATION DATE: | | (PLEAS | SE PRII | NT) | |
|--|-----------------------------------|----------------|---------|-------|----------|
| LAST NAME: | FIRST NAME: | | _MI:_ | | |
| ADDRESS: | | | | _ | |
| | Street | | APT# | ‡ | |
| | City | State | | Zip | |
| TELEPHONE: | CELLPHONE: | | | | |
| GENDER: MALE/ FEN | MALE | | | | |
| RACE: CAUCASIAN/A | FRICAN- AMERICAN/HISPANIC / | AMERICAN INDIA | N/ASIA | N/OTH | ER |
| Are you at least 18 y | ears of age? | | Yes | No | |
| Are you currently en Name of present em | nployed? ployer | S : | 7. 15 | Yes | No —— |
| On what date would | you be available for work? | - 4 | | | |
| Can you travel if a jo | b requires it? | | Yes | No | |
| Do you have a Valid | Driver's License? | | | Yes | No |
| | ber and Issuing State information | n- | | | |
| State: | | | | | |
| Are vou a Veteran? | | | Yes | No | |

| Please give a brief descrip | n Labor Experience? ears in the const | u performed, with what | |
|---|--|--|-------|
| experience that you h | nd indicate the number of monave (example: 1 month, 1 year | ·). | |
| BUILDING Carpenter Tender Mason Tender Scaffold Builder Jack Hammer Forklift Skidsteer Mortar Mixer Concreter Vibrator Welding | Concrete Flat Work Footing Pouring Walls Curb, Gutter, Sidewalk Finisher | SEWER & WATER Pipelayer Top Man Bottom Man | |
| Cutting Torch LANDSCAPE Residential Commerical | HIGHWAY/ROADWORK Concrete Bridge Black Top Flag Person Fiber Optic/ Telephone | Gas Line Gas Line Fusing Gas Service | |
| | CDL Welding | Restricted Plumbers Hoisting/ Rigging | |
| THAT I MAY BE REQUI FORM. I UNDERSTAND REFERRAL APPLICATIO | RED TO VERIFY ANY AND THAT I MUST REAPPLY IN ACTIVE. | RUE AND FACTUAL. I UNDERSO O ALL INFORMATION LISTED O EVERY 90 DAYS TO KEEP MY MANDITORY DRUG/ALCOHOL | N THI |
| SIGNATURE | | DATE | |