

**APPLICATION FOR MEMBERSHIP – Painters Local Union 1169**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

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Have you completed a Painters Apprenticeship Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been or are you currently a member of any Union and if so, when \_\_\_\_\_ & what Union \_\_\_\_\_. Do you have an OSHA 10 or 30 card? \_\_\_\_\_

Total number of years of experience as a Journeyman Painter \_\_\_\_\_

Number of years: Residential Painting \_\_\_\_\_  
Commercial Painting \_\_\_\_\_  
Industrial Painting \_\_\_\_\_

Do you have nuclear experience? If so, how many years: \_\_\_\_\_

Have you obtained a “Red Badge” from a nuclear facility? \_\_\_\_\_ If so, how long ago: \_\_\_\_\_

Are you qualified to perform work in the following areas?

Spray Painting \_\_\_\_\_ Airless \_\_\_\_\_ Conventional \_\_\_\_\_ Abrasive Blasting \_\_\_\_\_ Water Blasting \_\_\_\_\_  
Brush Painting \_\_\_\_\_ Roller Painting \_\_\_\_\_ Staining \_\_\_\_\_ Varnishing \_\_\_\_\_

Check the types of coatings you have worked with: Alkyds \_\_\_\_\_ Epoxies \_\_\_\_\_ Urethanes \_\_\_\_\_ Vinyls \_\_\_\_\_  
Inorganic Zinc \_\_\_\_\_ Chlorinated Rubber \_\_\_\_\_ Latex \_\_\_\_\_ Fiberglass \_\_\_\_\_

Check the types of industries you have worked in: Power Plants \_\_\_\_\_ Chemical \_\_\_\_\_ Pulp & Paper \_\_\_\_\_  
Waste Treatment \_\_\_\_\_ Bridges \_\_\_\_\_ Dams \_\_\_\_\_ Tanks, Towers, & Vessels \_\_\_\_\_

Do you hang wall covering: Yes \_\_\_\_\_ No \_\_\_\_\_ Tape and finish drywall: Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform work from: Extension Ladder \_\_\_\_\_ Scaffolds \_\_\_\_\_ Swinging Stages \_\_\_\_\_?  
Boatswain’s Chair \_\_\_\_\_ Mechanical Lifts \_\_\_\_\_

Can you climb in skeletal structural steel of various heights and perform: Brush Painting \_\_\_\_\_  
Roller Painting \_\_\_\_\_ Spray Painting \_\_\_\_\_

Do you have a current Driver’s License? \_\_\_\_\_ Do you have you own transportation? \_\_\_\_\_

Would you be willing to travel for employment? \_\_\_\_\_ Can you pass a test for drugs and alcohol? \_\_\_\_\_

Do you have any physical conditions that would limit your painting abilities? \_\_\_\_\_

Can you pass a breathing test to be fitted for a respirator? \_\_\_\_\_ Are you afraid of heights? \_\_\_\_\_

**FORMER EMPLOYERS**

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ALL WORK OF MORE THAN ONE MONTH DURING THE PAST FIVE YEARS. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON SEPARATE SHEET.

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TITLE	HOURLY RATE		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TITLE	HOURLY RATE		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
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SUPERVISOR			
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EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TITLE	HOURLY RATE		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

**Background**

Are you currently on probation or parole? \_\_\_\_\_ Do you have any pending charges? \_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ If so, please list the charges and dates.

\_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_ If so, please list the charges and dates.

**Personal Information**

*This is for reporting purposes only and will not affect your ability to be hired!*

What is your Veteran status? (Circle One) Not Veteran Veteran Active Currently in Guard  
Currently in Reserve Disabled Veteran

What is your current citizenship? (Circle One) US Canada Mexico Other

What is your highest level of education? \_\_\_\_\_ Name of School? \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Gender? \_\_\_\_\_ Marital Status? \_\_\_\_\_ Ethnicity? \_\_\_\_\_

**Fill out and Return this Application to Local Union 1169**

**Fax: 912-632-0065**

**Email: blott1169@atc.cc**

**Address: PO Box 337 Alma, GA 31510**

NOTE: A minimum of three (5) years well rounded Journeyman painting experience is required for Journeyman Painters. Documented proof may be required by the Examining Board and affiliated employers. False statements of any kind on this application may result in void of membership and forfeiture of any payment made to the District Council 77.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

AFL-CIO, CLC  
District Council #77

CHECK OFF AUTHORIZATION and ASSIGNMENT

I, the undersigned member of District Council #77 affiliated with the International Union of Painters and Allied Trades AFL-CIO, herewith authorize my employer to deduct 5% from my wages each and every week, for my Union dues consisting of administrative processing fees, monthly fees, administration dues assessments owing to such Union as a result of membership therein, and direct that such amounts so deducted be sent to the Financial Secretary of such Union for and on my behalf.

This authorization and assignment shall be irrevocable for the term of applicable contract between the Union and the employing Contractor and shall automatically renew itself for each successive applicable contract periods thereafter unless I give written notice to the Company and the Union at least thirty days and not more than forty-five days before any periodic renewal date of this authorization and assignment of my desire to revoke the same.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

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I hereby authorize my employer to deduct from my pay the sum of five (.05) cents for each hour worked and to forward that amount to the designated depository to be forwarded to PAT Political Committee and/or IUPAT Political Committee.

This authorization is signed freely and voluntarily, and not out of any fear of reprisal and on the understanding that PAT Political Committee is engaged in a joint fund raising effort with the AFL-CIO, will use the money contributed to that effort to make political contributions and expenditures in connection with Federal, State and Local Elections, and that this voluntary authorization may be revoked at any time by notifying my employer, PAT Political Committee, and Local Union \_\_\_\_\_ in writing of a desire to do so.

Contributions or gifts to PAC-PC are not deductible as charitable contributions for Federal Income Tax purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**DO NOT COMPLETE; THIS IS TO BE COMPLETED BY LOCAL UNION**

Employer \_\_\_\_\_

Classification \_\_\_\_\_ App Step : \_\_\_\_\_

Wage Rate: \_\_\_\_\_

Job Location \_\_\_\_\_

Date to Report \_\_\_\_\_ Time to Report \_\_\_\_\_

Foreman \_\_\_\_\_

L.U. Representative \_\_\_\_\_ Local # \_\_\_\_\_

Fax to contractor: \_\_\_\_\_