

APPLICATION FOR MEMBERSHIP – Painters Local Union 57

NAME: _____ DATE _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH: _____

COMPLETE ADDRESS: _____

COUNTY: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

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			
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	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 57

Fax: 256-383-1046

Email: iupat1293@comcast.net

Address: PO Box 2632, Muscle Shoals, AL 35662

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 # _____

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 _____

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: _____