



APPLICATION FOR EMPLOYMENT

LABORER'S LOCAL NO. 16

DATE REGISTERED _____

PLEASE PRINT:

FULL NAME.....

ADDRESS.....

CITY..... STATE ZIP CODE.....

SS# EMAIL.....

DATE OF BIRTH..... AGE..... U.S CITIZEN?..... YES NO

PHONE NO CELL NO.....

VALID DRIVER'S LICENSE? YES..... NO..... STATE.....

FOR EMPLOYMENT PURPOSES DRUG TESTING IS REQUIRED BY THE CONTRACTOR

PREVIOUS EMPLOYMENT RECORD DURING THE PAST THREE YEARS
(PROOF OF EMPLOYMENT AND REFERENCES MAY BE REQUIRED)

CONTRACT PERSON AND REFERENCE PHONE NO.	NAME OF EMPLOYER AND ADDRESS	FROM	TO

LIST THE NUMBER OF YEARS EXPERIENCE IN THE FOLLOWING CLASSIFICATIONS

- | | | | |
|--------------------------------|---------------------------------------|--|--|
| Asbestos Abatement Worker..... | Drywall Stocking/ Handling..... | Landscaper..... | Scaffold Builder Certified..... |
| Asphalt Rakers..... | Fence Builder..... | Lead Base Paint Removal..... | Scaffold worker..... |
| Carpenter Tenders..... | Fire Watch..... | Man Lift Operator..... | Scaler..... |
| C.D.L. Driver..... | Flagman..... | Pest Technician..... | Scissor Lift Certified..... |
| Cement Mason Tenders..... | Fly Ash Vacuum Operator..... | (Licensed) Control Pest & Rodent Technician..... | Shop Helper..... |
| Chainman..... | Fork Lift Certified Operator..... | Pipelayer (includes water pipe, sewer pipe, drainage pipe, pvc. & all tile, pipe)..... | Stakedriver..... |
| Chipping Hammer Operator..... | General Labor..... | Plasterers Hodcarriers.... | Stone Mason Tender..... |
| Clean-up..... | Grade Checker..... | Plaster Tenders..... | Tool Room Person..... |
| Concrete Saw Operator... | Guardrail Builder..... | Radiation Worker II..... | Toxic, Hazardous Waste Removal Worker..... |
| Concrete Specialist..... | Gunite Nozzlemen..... | Rigger, Certified..... | Trencher Operator..... |
| Concrete Workers..... | Industrial and Plant Laborers..... | Signal Man..... | Unloading of Furniture and Fixtures..... |
| Core Driller..... | Jack Hammer..... | Rodmen..... | Vibrator Operator..... |
| Cutting Torch Burner..... | Journeyman-Shaft & Tunnel Worker..... | Sandblasters (potment).... | Window Cleaner..... |
| Demolition Worker..... | | | |
| Drywall/Sheetrock | | | |



Job Applicant's Signature _____ Date _____

LABORER'S INTERNATIONAL UNION OF NORTH AMERICA

TO BE EMPLOYED AT THE LOS ALAMOS NATIONAL LABORATORY (LANS) PROJECT YOU MUST
BE ABLE TO PROVIDE THE FOLLOWING CURRENT CERTIFIED DOCUMENTES

- 1). CERTIFICATION OF SUCCESSFULLY PASSING REGULATED (DOT) DRUG/ALCOHOL SCREEN.
- 2). BIRTH CERTIFICATE WITH REGISTRAR'S SIGNATURE AND SEAL.
- 3). CERTIFICATION OF A CLEAR BACKGROUND REVIEW.
- 4). CURRENT CREDIT REPORT FROM MAJOR CREDIT BUREAU.
- 5). HIGH SCHOOL DIPOMA OR GED CERTIFICATE.
- 6). CURRENT VALID DRIVER'S LICENSE.
- 7). CURRENT DMV DRIVER/MOTOR VEHICLE RECORD.
- 8). SOCIAL SECURITY CARD.
- 9). OBTAIN AND MAINTAIN A SECURITY CLEARANCE (PAPER WORK MUST BE COMPLETED NO LATER
THAN 45 DAYS AFTER INITIAL HIRE.
- 10). MUST BE WILLING TO WORK SWING SHIFT.
- 11). MUST BE ABLE TO PASS THE GET AND RAD TEST.

CUSTODIANS DISPATCHED TO LANS MUST BRING WITH THEM ON THEIR FIRST DAY OF
ASSIGNMENT THE FOLLOWING FROM ABOVE LIST 01). 02). 03). 06). 07). 08). AND A
COMPLETED BACKGROUND QUESTIONAIRE, AS WELL AS THE SIGNED CUSTODIAL JOB
REQUIREMENTS DOCUMENT AND STEEL TOE SHOES/BOOTS.

13). TRAINING: SAFETY TRAINING CLASSES ARE AVAILABLE TO ALL APPLICANTS AND
MEMBERS AT NO COST.

14). CERTIFICATIONS OBTAINED FROM TAKING CLASSES MY BE VERY HELPFUL WITH YOUR
SEARCH FOR EMPLOYMENT.

15). OUR OFFICE IS OPEN 7:30AM. TO 4:30PM. CALL 505-753-7977 (TO MAKE PAYMENTS BY
MAIL OUR ADDRESS IS: LABORER'S LOCAL UNION # 16 P.O.BOX DRAWER #9 ESPANOLA, NEW
MEXICO 87532) OR (ALBUQUERQUE 1030 SAN PEDRO DR. NE ALBUQUERQUE, NM 87110)

SIGNATURE: _____

DATE: _____

AUTHORIZATION FOR REPRESENTATION – AUTHORIZAR PARA REPRESENTAR
Under the National Labor Relations Act

I, the undersigned employee of – Yo. el firmando empleado de
All card kept confidential by the LIUNA Local Union No. 16 and U.S. Government.
Toda tarjeta firmada es confidencial de la Union y de el gobierno

Check box if you are interested in serving on the organizing committee.

SOUTHERN CALIFORNIA DISTRICT COUNCIL & LOCAL 16
1030 San Pedro Dr. NE • Albuquerque, NM 87110

Name – Nombre _____ SS# _____

Address – Domicilio _____

Home Phone - Casa Telephono _____

Date – Fecha _____ Signature – Sue Firma _____

I desire to be represented and hereby authorize the Laborers' International Union of North America AFL-CIO, and its affiliated Southern California District Council and Local Union #16 thereof to be my collective bargaining agent in matter wages, fringe benefits, organizing, hours of employment and all other conditions of employment. This authorization shall apply to the Employer for whom I am employed or referred to on this date and to all other Employers for whom I may become employed after this date. This authorization is signed by me for the purpose of securing for the Union voluntary recognition and negotiation of rights with my Employer and with any future Employer. It may be revoked only by me, through written notice to the Union. This authorization shall be irrevocable unless revoked only by me, through written notice to the Union by certified return receipt mail. If not revoked it shall continue from year to year thereafter until revoked.

DUES CHECK-OFF AUTHORIZATION AND ASSIGNMENT
Local Union No. 16 affiliated with
THE LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, AFL-CIO

I (Name – Nombre), _____ (print), do hereby assign to Laborers' International Union of North America AFL-CIO, Local Union #16, such amounts from my gross wages as shall be required to pay an amount equivalent to membership dues (from gross wages), initiation fees, readmission fees, organizing fees, and New Mexico Laborers Political League to the union as may be established for its members from time to time. My Employer, including my present Employer and any future Employer, is hereby authorized to deduct amounts from my gross wages and pay the same to the local union and/or its authorized representative, in accordance with the collective bargaining agreement in existence between the Union and my Employer. This authorization shall become operative upon the effective date of each collective bargaining agreement entered into between my Employer and the Union. This authorization shall be irrevocable unless revoked only by me, through written notice to the Union and my employer by certified return receipt mail in the month of December. I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and the Union. Written notice must given by me to my Employer and the local union not more than 20 days and not less than 10 days prior to the expiration of each period of one (1) year. Furthermore, this check-off authorization shall continue in accordance with the above renewal and revocation provisions irrespective of my membership in the Union. If not revoked it shall continue from year to year thereafter until revoked. For the effective period of the check-off authorization and assignment, and to the extent permitted by law, I hereby have the right or the choice to resign my union membership. Union dues are deductible for federal income tax purposes. Local dues may qualify as business expenses, however, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

PAYROLL CHECK-OFF AUTHORIZATION
NEW MEXICO LABORERS' POLITICAL LEAGUE

I (Name – Nombre), _____ (print), do hereby authorize and direct each employer signatory to an agreement with the Laborers' International Union of North America AFL-CIO, Local Union #16 or any of its affiliates for whom I work to deduct from my paycheck (_____) for each hour worked every pay period and to remit such amount to the New Mexico Laborers' Political League ("NMLPL") at such time as other remittances are made to the Union. This authorization is voluntarily made. I understand that the signing of this authorization and the making of payments to NMLPL are not conditions of membership in the Union or of employment with any employer, that I have a right to refuse to sign this authorization and to contribute to NMLPL without reprisal and that NMLPL will use the money it receives to make political expenditures and contributions in connection with federal, state and local elections. I also understand that this amount is merely a suggested guideline, that I am free to contribute more or less than this amount by any lawful means other than this check-off and that the Union cannot favor or disadvantage me because of the amount of my contributions or my decision not to contribute. It may be revoked only by me, through written notice to the Union. This authorization shall be irrevocable unless revoked only by me, through written notice to the Union by certified return receipt mail. If not revoked it shall continue from year to year thereafter until revoked. This authorization shall remain in effect until revoked by me in writing. *Contributions to the New Mexico Laborers' Political League are not deductible as charitable contributions for federal income tax purposes.*

Date: _____ Signature: _____ SS#: _____

_____ (Initial indicates copy received)

White-Union • Yellow-Sub Office • Pink-Employee • Tag-Union



REGISTRATION AND MEMBERSHIP INFORMATION FOR ALL NEW APPLICANTS

Print Name: Last	First	Middle Initial
Address (Street Number and Name)		Apt. #
City	State	Zip Code
Date of Birth(Month/Day/Year)		Social Security #
Place of Birth	Citizen of what Country	

- Union Requirements Registration Fee - \$21.00(~~cash~~ or money order only no checks accepted for registration fee) Registration is good for thirty days.
- 10 Hour OSHA, 3 Hour Haz-Com, 8 Hour Journeyman, MSHA Classes required prior to employment.
- Two forms of identification - valid Driver License, ID, Social Security card.

- Employer Requirements Drug and alcohol screening and physical when referred to work.
- An applicant must have a valid Driver's License or ID, and Social Security card. If you are a citizen of another country you must provide proof your INS Documentation
- Must have basic tools prior to reporting to work - hard hat, work shoes, hammer, tape measurer, pliers, utility knife, tool pouch, and rubber boots (required for concrete pouring).

- Initiation Fees Applicants are required to join the union after seven days of work
- Initiation fee is \$300.00 and will be deducted in four weekly payments of \$75.00 each
- Working dues are 4% of your gross wages per week
- Monthly membership dues are \$29.00 per month
- It is your responsibility to pay monthly membership dues if the contractor is not deducting it from your paycheck and during periods of lay-off
- When laid off you must re-register in person on the out of work list to be referred to another job
- Member ship dues are due the first day of every month and no latter than the last day of the second month. Your membership will automatically be suspended on the first day of the third month, and a reinstatement fee will be charged if you wish to continue your membership with Laborers' Local Union #16.

- Training Safety Training classes are available to all applicants and members at no cost
- Contact Julian Cordova of the New Mexico Laborers' Training and Apprenticeship Trust Fund at (505)243-3175 for additional information and class schedules.
- Certifications obtained from taking classes may be very helpful with your search for employment.

Payments sent by US Mail should be made payable to: Laborers' Local Union #16 (check or money order only)

Albuquerque
1030 San Pedro Dr. NE
Albuquerque, NM 87110

Espanola
P.O. Drawer 9
Espanola, NM 87532

Farmington
801 E. Murray Rd.
Farmington, NM 87401

Las Cruces
632 N. Almendra
Las Cruces, NM 88001

Name (Print)

Signature

Date



New Mexico Laborers Training and
Apprenticeship Trust Fund
10000 Acoma Road Se Ste B
Albuquerque, NM 87123
Phone (505) 296-3631
Fax (505) 243-3799

Date _____ Phone # _____

Name in Full _____ Social Security # ____/____/____
(last) (first) (middle)

Home Address _____
(address) (city) (state) (zip)

Position Applying for: _____

Are you 18 or older? ___ Yes ___ No

Race: Black Hispanic Asian Caucasian (White) Native American Pacific Islander Other _____
(Circle One)

Gender: Male ___ Female ___

Do you have a valid driver's license? ___ Yes ___ No Driver License# _____

Are you a Citizen of the U.S. ___ Yes ___ No

If not a citizen, do you have proof of right to work or for permanent residence in the United States ___ Yes ___ No

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Above

School	Name & Address	Degree or Certificate

Skills, Licenses and/or Certifications _____

Explain why you are applying for this position with the Apprenticeship Program and why you feel you would be an asset.
