



IATSE 470 HIRING HALL WORKERS AGREEMENT

In accordance with Article I Section 1.1 of the IATSE Local # 470 Hiring Hall Referral Procedure, I the undersigned acknowledge that I have read and intend to abide by the established Hiring Hall Referral Procedure and Conduct Policy of IATSE Local # 470.

I further acknowledge that any violation by me of this established procedure may result in my being fined, suspended or removed from the Hiring Hall Dispatch List.

Print Name:

Signature: X _____ Date:

Address:

City: State: Zip:

Main Phone No. 2nd Phone No.

E-Mail Address:

Education:

Primary/GED:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	City	Grade Completed	Date

College:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	City	Grade Completed	Date

Major Minor

Additional Education:
(Please List)

Additional Skills/Experience:
(Please List)

Work Limitations:
(Scheduling, Transportation, Physical, etc...)

Emergency Contact Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Phone No.

How did you hear about the Hiring Hall?

**Return signed and dated Workers Agreement to:
(or your Job Steward)**

**IATSE Local 470
P.O. Box 2421
Appleton, WI 54912-2421**