

NOTIFICATION OF NAME HIRE FORM

This form must be submitted to Local Union dispatcher by fax (902-454-5001) or email (dispatch83@acrc.ca) prior to hiring member.

MEMBER'S INFORMATION

NAME: _____

START DATE: _____ START TIME: _____

JOBSITE: _____

JOBSITE ADDRESS: _____

FOREMAN ONSITE: _____ CONTACT #: _____

CONTRACTOR INFORMATION

COMPANY NAME: _____

NAME HIRE REQUESTED BY: _____

REQUIRED SAFETY CERTIFICATIONS:

| | | | | | |
|--------------------|--------------------------|-----------------------------------|--------------------------|-------------|--------------------------|
| WHMIS | <input type="checkbox"/> | End Frame/ Shoring Scaffolding | <input type="checkbox"/> | Aerial Lift | <input type="checkbox"/> |
| Safety Orientation | <input type="checkbox"/> | First Aid | <input type="checkbox"/> | Other | <input type="text"/> |
| Fall Protection | <input type="checkbox"/> | Confined Space | <input type="checkbox"/> | | |

HIRED AS:

| | | | | | |
|------------|--------------------------|------------|--------------------------|-------------------|--------------------------|
| Apprentice | <input type="checkbox"/> | Carpenter | <input type="checkbox"/> | Scaffolder | <input type="checkbox"/> |
| Drywall | <input type="checkbox"/> | Journeyman | <input type="checkbox"/> | Scaffolder Helper | <input type="checkbox"/> |

CLASSIFICATION: _____

DISPATCH REQUEST FORM

This form must be submitted to Local Union dispatcher by fax (902-454-5001) or email (dispatch83@acrc.ca) prior to hiring member.

REQUEST DATE: _____

CONTRACTOR NAME: _____

CONTACT PERSON: _____

PHONE: _____

FAX: _____

EMAIL: _____

MANPOWER REQUIRED:

NUMBER OF JOURNEYMEN:

NUMBER OF APPRENTICES:

Carpenter

Drywall

Scaffolding

Scaffold Helper

Probationary Worker

Student Worker

Pre-Apprentice

JOBSITE: _____

JOBSITE ADDRESS: _____

JOBSITE FOREMAN: _____ CONTACT: _____

START DATE: _____

START TIME: _____ AM/PM (DAYSHIFT/NIGHTSHIFT)

JOB REQUIREMENTS: _____

EMPLOYER ADMINISTER ONSITE DRUG & ALCOHOL TESTING:

YES:

NO:

REQUIRED SAFETY CERTIFICATIONS:

WHMIS
Safety Orientation
Fall Protection

End Frame/
Shoring Scaffolding
First Aid
Confined Space

Aerial Lift
Other

COMPLETED BY: _____
(please print)

DATE: _____

Amendment #1 – November 1, 2018

