

**NOTIFICATION OF NAME HIRE FORM**

*This form must be submitted to Local Union dispatcher by fax (902-454-5001) or email ([mosmond@acrc.ca](mailto:mosmond@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="checkbox"/>
Fall Protection	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>		

**HIRED AS:**

Apprentice	<input type="checkbox"/>	Carpenter	<input type="checkbox"/>	Scaffolder	<input type="checkbox"/>
Drywaller	<input type="checkbox"/>	Journeyman	<input type="checkbox"/>	Scaffolder Helper	<input type="checkbox"/>

CLASSIFICATION: \_\_\_\_\_

**DISPATCH REQUEST FORM**

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REQUEST DATE: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**MANPOWER REQUIRED:**

NUMBER OF JOURNEYMEN: \_\_\_\_\_

NUMBER OF APPRENTICES: \_\_\_\_\_

Carpenter

Drywall

Scaffolding

Scaffold Helper

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

End Frame/  
Shoring Scaffolding

Aerial Lift

Safety Orientation

First Aid

Other

Fall Protection

Confined Space

COMPLETED BY: \_\_\_\_\_

(please print)

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

**EMPLOYEE DISCIPLINE NOTICE**

Name:				Payroll #:	
Company:					
Job #:		Date & Time:		# of Previous Warnings:	

<b>INFRACTION</b>	<b>DETAILS</b>
Insubordination	
Safety Infraction	
Failure to Report Off	
Poor Work	
Absenteeism	
Lateness	
Conduct	
Unfit to Work	
Other (specify)	

Name of Union Steward/Suitable Witness present during the discussion of this incident:

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<b>ACTION TAKEN:</b>	<b>EFFECTIVE:</b>
<input type="checkbox"/> Verbal Warning	Date: _____
<input type="checkbox"/> Written Warning	Date: _____
<input type="checkbox"/> Suspension	Duration: _____
<input type="checkbox"/> Dismissal	Date: _____

**SIGNATURES**

I have read and understand this Discipline Notice.

_____ Employee's Signature	_____ Date	_____ Supervisor's Signature	_____ Date
_____ Steward's/Witness' Signature	_____ Date	_____ Project Manager or HR Signature	_____ Date