

NOTIFICATION OF NAME HIRE FORM

This form must be submitted to Local Union dispatcher by fax (902-454-5001) or email (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="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"/>
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

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

End Frame/
Shoring Scaffolding

Aerial Lift

Safety Orientation

First Aid

Other

Fall Protection

Confined Space

COMPLETED BY: _____

DATE: _____

(please print)

