

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: _____

FOREPERSON 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"/>	<u>Journey</u> person	<input type="checkbox"/>	Scaffolder Helper	<input type="checkbox"/>

CLASSIFICATION: _____