NOTIFICATION OF NAME HIRE FORM

This form must be submitted to Local Union dispatcher by fax (902-454-5001) or email (dispatch83@ubcja.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	☐	End Frame/ Shoring Scaffolding	☐	Aerial Lift	☐
Safety Orientation	☐	First Aid	☐	Other	
Fall Protection/ Arrest/Restraint	☐	Confined Space	☐		

HIRED AS:

Apprentice	☐	Carpenter	☐	Scaffolder	☐
Drywaller	☐	Journeyperson	☐	Scaffolder Helper	☐

CLASSIFICATION: _____