

REFERRAL APPLICATION FORM

Please complete this form and return it to:
Boilermakers Local 83, 5910 E. 86th Street, Kansas City, MO 64138

An applicant shall be suspended from the out-of-work list and ineligible to be referred for employment for a **ninety (90) day period** for “Intentionally supplying the local referral agency with false data, records or other information used to establish qualifications for registration and/or referral.”

Not acceptable unless form is filled out completely
(PLEASE PRINT LEGIBLY)

NAME _____

SOCIAL SECURITY NO. ____/____/____ REGISTER NO. _____

BIRTHDATE _____ HOME LOCAL NO. _____

ARE YOU AN APPRENTICE? _____ APPRENTICE RATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ 2ND PHONE _____

E-MAIL ADDRESS _____

ARE YOU A MEMBER OF ANOTHER CRAFT? IF SO, PLEASE INDICATE CRAFT AND LOCAL # AND **SUBMIT COPY OF CURRENT DUES RECEIPT** _____

I POSSESS THE FOLLOWING SKILLS AS INDICATED

HELI ARC WELDER (A)	_____	STAINLESS STEEL WELDER (B)	_____
CERTIFIED TUBE WELDER (C)	_____	HEAVY WALL (D)	_____
STIK WELDER (H)	_____	MIG WELDER (I)	_____
MECHANIC (M)	_____	RIGGER (R)	_____
CERTIFIED PLATE WELDER (P)	_____	PRESSURE WELDER (PR)	_____
ASBESTOS CERTIFIED	_____	FOREMAN TRAINING	_____
STEWART TRAINING	_____	OTHER (PLEASE SPECIFY)	_____

I have a current Common Arc Card _____ I have a current MOST Drug Card _____

I wish to be placed on the Short Term Out-of-Work List _____

I have read and understand the Local Referral Rules and agree herewith to accept, comply with, and be bound by all of the terms and conditions contained therein. If necessary, I will satisfy the Joint Referral Rules Committee of my ability to perform Boilermaker Construction work, and also submit documentary evidence before being referred or expecting any referral. I certify the above statements and all attachments to be true and correct.

Signed _____ Date _____