

*(Please Print Legibly)* **REGISTRATION FORM FOR LOCAL 55 OUT-OF-WORK BOOK** *(Please Print Legibly)*

Check here if any of your information has changed.

First Name: \_\_\_\_\_ Mi: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix \_\_\_\_\_

SS#: \_\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ OPTIONAL Sex: Male  Female

Race:  American Indian/Alaskan  Asian/Pacific Islander  Black  Hispanic  White/Caucasian  Other/Declined

Perm. Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Temp. Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is your permanent home in the State of Iowa?  YES  NO IF YES: How Long? \_\_\_\_ Yrs. County \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Current DOT Physical  YES  NO

Class of CDL/Endorsements/Restrictions \_\_\_\_\_ D.L. #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**PRESENT MEMBER OF IBEW LOCAL UNION #:** \_\_\_\_\_ **Classification:** \_\_\_\_\_ **Card#:** \_\_\_\_\_

**I AM SIGNING THE FOLLOWING BOOKS:**  *Journeyman Tech*  *Operator*  *Groundman*

**EQUIPMENT AND/OR FIELD-RELATED EXPERIENCE:** Place a check by each piece of equipment you can run well and/or field-related experience you have. If you cannot operate a listed piece of equipment efficiently or do not have the work experience listed, **DO NOT CHECK IT!!** List other equipment or field-related experience on back of form.

<input type="checkbox"/>	Backhoe	<input type="checkbox"/>	Hi Volt Cable Splic 34.5KV>	<input type="checkbox"/>	Vac Truck Exp		
<input type="checkbox"/>	Bucket Trk/Aerial Device	<input type="checkbox"/>	Lead Cable Splicing	<input type="checkbox"/>	Wind Turbine Exp		
<input type="checkbox"/>	Cable Plow	<input type="checkbox"/>	Line Clearance				
<input type="checkbox"/>	Clam Shell	<input type="checkbox"/>	Locating Exp				
<input type="checkbox"/>	CATV-Overhead	<input type="checkbox"/>	Low Drill				
<input type="checkbox"/>	CATV-Underground	<input type="checkbox"/>	Rebar				
<input type="checkbox"/>	Climbing (Will Accept Climbing Work)	<input type="checkbox"/>	Restoration	<input type="checkbox"/>	CPR Card	Exp Date: _____	
<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Skidsteer	<input type="checkbox"/>	First Aid Card	Exp Date: _____	
<input type="checkbox"/>	Crane 21 Ton or <	<input type="checkbox"/>	Street Lighting	<input type="checkbox"/>	Osha T&D 10		
<input type="checkbox"/>	Crane 21 Ton or >	<input type="checkbox"/>	Stringing Equipment <i>(List on back)</i>	<input type="checkbox"/>	Osha T&D 30		
<input type="checkbox"/>	Digger Derrick	<input type="checkbox"/>	Substation Exp.				
<input type="checkbox"/>	Dozer Type/Size <i>(List on back)</i>	<input type="checkbox"/>	Substation Panel/Power House Wiring	<input type="checkbox"/>	CDL/Med Card		Helicopter <i>(List on Back)</i>
<input type="checkbox"/>	Excavator	<input type="checkbox"/>	Suckvac/Potholing	<input type="checkbox"/>	CDL/Tanker Endorsement		Hand Signal/Rigger
<input type="checkbox"/>	Flagging/Traffic Control	<input type="checkbox"/>	Texoma/Williams Digger	<input type="checkbox"/>	Confined Spaces		NCCCO
<input type="checkbox"/>	Foreman	<input type="checkbox"/>	Trencher Type/Size <i>(List on back)</i>	<input type="checkbox"/>	CIC/CIA		Splicing <i>(List on back)</i>
<input type="checkbox"/>	Footer Exp.	<input type="checkbox"/>	Traffic Control Wiring	<input type="checkbox"/>	Welder <i>(List on back)</i>		Tech College Grad
<input type="checkbox"/>	General Foreman	<input type="checkbox"/>	Track Equipment				<i>(Elec Power Dist)</i> YR _____
<input type="checkbox"/>	HD Drilling <i>(List on back)</i>	<input type="checkbox"/>	Underground Vault Exp				
<input type="checkbox"/>	Helicopter Exp <i>(List on back)</i>	<input type="checkbox"/>	URD Installer				

**CERTIFICATIONS/ENDORSEMENTS**

HD Drilling Type/Size \_\_\_\_\_

Dozer Type/Size \_\_\_\_\_

Stringing Equipment \_\_\_\_\_

Trencher Type/Size \_\_\_\_\_

Helicopter Exp. \_\_\_\_\_

Other \_\_\_\_\_

**CERTIFICATIONS/ENDORSEMENTS**

Welder \_\_\_\_\_

Helicopter \_\_\_\_\_

Splicing \_\_\_\_\_

Other \_\_\_\_\_

List contractors you will not / cannot work for \_\_\_\_\_

HAVE YOU EVER WORKED FOR A NON-UNION ELECTRICAL, GAS, OR UTILITY LINE CONSTRUCTION OR UNDERGROUND CONTRACTOR?  YES  NO If yes, which contractor? \_\_\_\_\_

If yes, would you be willing to assist in organizing a Union at your current/former non-union employer? \_\_\_Yes \_\_\_No

ARE YOU REGISTERED TO VOTE?  YES  NO

***I have read and understand the Employment Referral Procedures and the bidding process, in Conjunction with the Local Union 55 By-Laws Agreement. I, the undersigned, agree to abide by the posted referral procedures of IBEW Local Union 55. I also agree that if any of the above statements are found to be incorrect, it will be just cause for removing my name from the Out-of-Work Books.***

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**IBEW Local 55  
(This section shall serve as your receipt for signing)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Time: \_\_\_\_\_