

Application for Membership and Employment in the Construction Industry as an International Union Laborer: LIUNA Local 155

Two forms of I.D. are required- Acceptable forms of I.D.; State issued Driver's license, State issued Identification Card, Social Security Card, Original Birth Certificate or Certified copy of Birth Certificate, and / or Passport. Copies are made of front and back.

S.S. # _____

Can you receive text message? Yes or No

Name: _____

Email: _____

Address: _____

D.O.B. _____

City: _____

Sex: Male or Female

State: _____ Zip: _____

Race (optional): _____

Cell: _____ Second #: _____

Driver's License # _____ State: _____

Have you worked on a construction site before? Yes No

Are you 18 years old or older? (You must be 18 years of age to register at Local 155) Yes No

- Are you a U.S. Citizen? Yes No

ONE OF OUR LARGE EMPLOYERS IS THE IDAHO NATIONAL LAB (INL). THE INL HAS SPECIFIC SECURITY CLEARANCE AND SITE ACCESS NUMBERS. PLEASE CHECK THE FOLLOWING BOXES AS APPROPRIATE.

- NRF CLEARANCE (PREVIOUS)
- S# _____
- SELECTIVE SERVICE #: _____

****THERE WILL BE A DRUG/ALCOHOL PRE-EMPLOYMENT TEST CONDUCTED BY THE UNION CONTRACTORS. MULTIPLE DRUG/ALCOHOL VIOLATIONS MAY RESULT IN A MEMBERS' INABILITY FOR REGISTRATION AT LOCAL #155. ****

******By providing your email and phone, you confirm your consent to receive messages from LIUNA & it's affiliates, including any autodialed call, text message or email, about important matters, including your contract, benefits, union operations, political and legislative matters. ******

******Recognizing that membership in the above Laborers Union is not a condition of job referral. ******

INITIALS: _____

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in Local Union No. 155 of the Laborers' International Union of North America and agree to abide by all the provisions of the Constitutions of the Local and the International Union.

INITIALS: _____

Phone (208) 529-0191 * 465 W. 17th Street * Idaho Falls, Idaho 83402

AUTHORIZATION FOR REPRESENTATION

I hereby designate Local Union No. 155 of the Laborers’ International Union of North America, as my collective bargaining representative in all matters pertaining to the terms and conditions of my employment. This authorization applies to my present Employer and all my future Employers. This authorization is signed by me for the purpose of securing for the Union recognition and negotiation rights with my Employer and with any future Employer. It may be revoked only by me, through written notice to the Union.

INITIALS: _____

UNION LOCAL 155 INITIATION, DUES, AND FEES

Registration fees and monthly dues for 2024 are \$42.00 per month, *whether you work or not.* (NOTE: Per the Constitution of LiUNA!, Monthly/Registration dues increase annually at the rate of \$1.00) *The monthly dues are due on the first day of every month.* The work assessment/dues check-off is due at the beginning of the following month. The employer will usually withhold dues check-off hourly out of your paycheck; if the employer does not, it is the responsibility of the member to pay their working dues. The membership (INITIATION) fee is \$350.00 and *will be paid in full before you start employment.* A union member shall be subject to suspension by the Laborers’ International Union of North America and Union Local No. 155 without notice for late dues. The suspended member will then be subject to a penalty fee to readmit. Suspended members are not eligible to be put on the out-of-work list and/are not eligible to gain employment with any contractor that is signatory with Local 155, until they are in good standing with Local 155. Multiple suspension violations may result in a members’ inability to register with Local 155. Being on the registration list DOES NOT guarantee you a job.

INITIALS: _____

DUES CHECK OFF AUTHORIZATION AND ASSIGNMENT

I hereby assign Local Union No. 155, of the Laborers’ International Union of North America, deduct such amounts from my wages as shall be required to pay an amount equivalent to the initiation fees, readmission fees, membership dues, and related assessments, as the Union may establish from time to time.

My Employer is hereby authorized to deduct such amounts from my wages and pay the same to the local Union and/or its authorized representative. This authorization applies to my present Employer and all my future Employers. This authorization shall become effective upon its execution. This authorization shall be irrevocable for a period of one (1) year, or until termination of the Collective Bargaining Agreement in existence between my Employer and the Union, whichever occurs sooner. I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and the Union, whichever shall be shorter, unless written notice is given to me to my Employer and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each one (1) year period, or of each Collective Bargaining Agreement between my Employer and the Union, whichever occurs sooner. This check-off authorization shall continue irrespective of my membership in the Union, or any union-security clause or obligation contained in the Collective Bargaining Agreement.

INITIALS: _____

******By signing this form, I acknowledge that all of the above information is true to the best of my knowledge. Furthermore, I authorize hourly dues to be deducted from my wages, as stated above. ******

Signature: _____ Date: _____

Please indicate the skills, certifications and training you possess. Only check the circles where you can skillfully perform the work, so that we can ensure successful, safe projects. Copies of certifications are required.

- ADMINISTRATIVE SKILLS
- AERIAL BOOM & SCISSOR LIFT CERTIFICATION EXP. DATE _____
- AIR TRACK DRILLING OPERATOR
- ASBESTOS REFRESHERS CERTIFICATION EXP. DATE _____
- ASBESTOS SUPERVISOR CERTIFICATION EXP. DATE _____
- ASBESTOS WORKER INITIAL CERTIFICATION EXP. DATE _____
- ASPHALT
- ASPHALT RAKER
- ASPHALT DUMPMAN
- BACKFILL
- BASIC CONCRETE
- BI-LINGUAL
- BLOODBORNE PATHOGENS TRAINING AND CERTIFICATION CARD
CERTIFICATION EXP. DATE _____
- BLUEPRINT READING / DIAGRAMS CERTIFICATION EXP. DATE _____
- BOOM TRUCK TRAINING
- BRICK MASON TENDER
- BUILD MSE WALL
- CARPENTER TENDER
- CDL CLASS A CERTIFICATION EXP. DATE _____
- CDL CLASS B CERTIFICATION EXP. DATE _____
- CEMENT MASON TENDER
- CHIPPING GUN
- CHUCK TENDER
- CLEAN UP
- CONCRETE CUTTING
- CONCRETE FINISHER
- CONCRETE FINISH TENDER
- CONCRETE PLACING
- CONCRETE VIBRATING
- CONFINED SPACE CERTIFICATION EXP. DATE _____
- CONSTRUCTION MATH CERTIFICATION EXP. DATE _____
- CORE DRILLER
- CRUSHER
- CUTTING AND BURNING
- DEMOLITION
- DOT MEDICAL CARD CERTIFICATION EXP. DATE _____
- DRILLING – DIRECTIONAL
- DRYWALL
- DUMPMAN
- FENCE – CHAIN LINKED
- FENCE – BARBED WIRE
- FALL PROTECTION CERTIFICATION EXP. DATE _____
- FIRST AID/CPR CERTIFICATION EXP. DATE _____
- FLAGGER SUPERVISOR CERTIFICATION EXP. DATE _____
- FLAGGING/TRAFFIC CONTROL CERTIFICATION EXP. DATE _____
- FOREMAN EXPERIENCE NUMBER OF YEARS: _____

- FORKLIFT
- FORM STRIPPING
- FORM WORK
- FORM OILING
- FORM CLEANING
- FORM SETTING
- GABION BASKET
- GPS OPERATOR
- GRADE CHECKER –GPS
- GRADE CHECKER – LASER
- GRADE CHECKER – TRANSIT AND LEVEL
- GROUTING – CONCRETE
- GROUTING – POINT AND PATCH
- HAZ/MAT OSHA 1020.210
- HAZARDOUS WASTE REFRESHER
- HAZARDOUS WASTE WORKER
- HOD CARRIER
- HYDRO VAC EXPERIENCE
- JACKHAMMER BUSTER – 90 LBS
- JACKHAMMER BUSTER – 60 LBS
- JACKHAMMER DRILL (JACK LEG)
- LABORER (BLDG)
- LABORER (HVY HWY)
- LIFT 50 LBS OVERHEAD
- LINER INSTALLER
- LINER WELDER
- LOCK OUT/ TAG OUT
- MINING
- MSHA- OPEN PIT
- MSHA - UNDERGROUND
- OPERATION OF PLATE WACKER, SHEEPSFOOT
- OSHA 10
- OSHA 30
- PIPELAYER(UTIL.)
- PIPELAYER- GPS Level
- PIPELAYER- Gravity: Water, storm, and sewer
- PIPELAYER- Poly Fusion
- PIPELAYER- Pressure: Water
- PIPELAYER- Top Hand
- PIPELINE (BORING)
- PIPELINE (N. GAS)
- PIPELINE – BEND CREW (N. GAS)
- PIPELINE – COATING (N. GAS)
- PIPELINE – HYDRO TESTING CREW (N. GAS)
- PIPELINE – SANDBLASTING (N. GAS)
- PIPELINE – SKIDS (N. GAS)
- PIPELINE – STEWARD (N. GAS)
- PLASMA ARC
- POWDERMAN HELPER
- PRE-CONSTRUCTION TRAINING
- PRESSURE WASHER OPERATOR
- RAD II (BEA TRAINING)
- RESPIRATOR – FULL FACE
- RESPIRATOR – HALF FACE
- RIGGING AND SIGNALING

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

ISSUE DATE: _____

ISSUE DATE: _____

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

CERTIFICATION EXP. DATE _____

- SANDBLASTER
- SCAFFOLD
- SCAFFOLD BLDG CARD 40 HR CERTIFICATION EXP. DATE _____
- SCAFFOLD USER
- SHOVELING
- SMALL EQUIPMENT (SKID STEER, MINI EXCAVATOR)
- TIMBER FALLER (CHAIN SAW)
- TORCHING
- TWIC CARD CERTIFICATION EXP. DATE _____
- VERIFORCE CERTIFICATION EXP. DATE _____
- WALK BEHIND EQUIPMENT
- WELDING CERTIFICATION EXP. DATE _____
- WINDMILL – CONCRETE
- WINDMILL - CLEANING

OTHER QUALIFICATIONS:
