

Operating Engineers Local Union No. 3 Application for Employment

Operating Engineers Local Union No. 3 is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin, and other categories protected by law are not factors in employment, promotion, compensation, or working conditions. Instructions:

There are three ways to complete this form with the first way being the most preferred:

- 1. <u>Online</u>: Open the file online, complete the application and save the file (i.e., JoeEngineer.pdf). E-mail the completed application to: jobs@oe3.org
- 2. <u>Print and mail:</u> Open the file online, complete the application and print the form. Or print the form and fill it out by hand. Mail the completed form to: Operating Engineers Local Union No. 3, 1620 South Loop Rd., Alameda CA 94502, Attn: Human Resources Dept.
- 3. <u>Print and fax</u>: Open the file online, complete the application and print the form. Or print the form and fill it out by hand. Fax: (510) 748-7401 Attn: Human Resources Dept.

NOTE: you must initial all boxes on the last page before submitting.

Position applying for	Location	
Name	_	
Address Street Address		City-State-ZIP
		City-State-Zir
Contact me Primary Telephone (include area code)	Secondary Telephone	Email
 Do you have a valid driver's license? Yes Has your driver's license ever been revoked or susp 		<i>(if the above position requires it)</i> If yes, explain the circumstances:
 Have you previously applied to or worked for Local How did you hear about this position? 		
Are you related (including in-law) to any current er		
If yes, describe relationship		
NOTE: A criminal background check will be performed for ap employment solely on the grounds of a conviction of a crimir surrounding circumstances, and the relevance of the offense	nal offense. The nature of the of	fense, the date of the offense, the
Have you ever been discharged from any employm If "yes," please explain. Attach additional sheets or us		

Employment History

Name of Com	ipany	
Name of Supe	ervisor	
Address		
Contact	Street Address	City-State-ZIP
	Telephone (include area code)	Other (such as cell number or email)
Position & du	ties:	
Starting rate	of pay	Ending rate of pay
Reason for lea	aving	
Name of Com	ipany	
Name of Com Name of Supe	ipany	
Name of Com Name of Supe Address	ervisor Street Address	
Name of Com Name of Supe	ervisor Street Address	
Name of Com Name of Supe Address	ervisor Street Address Telephone (include area code)	City-State-ZIP
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Additional Information required for Applicants for the Positions of Business Representative, Business Agent, Organizer, and Dispatcher

Are you currently a member of an	Operating Engineers Local Union?	☐ Yes ☐ No ■ If yes, please provide:
- Date initiated in Operating Eng	ineers Local Noon (date)	
As of today, I have been in contin	uous good standing in Operating Eng	gineers Local Union No.
for years and	months	
If I am hired, I would prefer to wo	ork out of the	office. I understand that, if hired,
transportation and moving expenses request, will NOT be paid by Local 3.		nd for any subsequent transfers at my
I have been <i>employed</i> in the following t	owing classifications or work covered	d by Local 3 agreements:
I have been an <i>employer</i> employ	ing the following classification of wo	ork covered by Local 3 agreements:
I have been a member of the following the	wing Unions (if none, so state):	
		bation in Union activities as a job steward, ittee member, executive board member, Activity
	References	
Give the name, address, and phore excluding relatives and employers.		ences as to your character and ability,
Name	Address	Telephone

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General Information about Employment Desired

	Are you available to work Saturdays?	Yes	🗌 No	Are you available to work Sundays?	🗌 Yes 🗌 No
	Are you available to work holidays?	🗌 Yes	🗌 No	Are you available to work nights?	🗌 Yes 🗌 No
	Are you available to be on-call?	🗌 Yes	🗌 No	Are you available to work overtime?	🗌 Yes 🗌 No
	If hired, on what date could you start	work?			
	■ Are you able to travel on Union business? ☐ Yes ☐ No ■ % time willing to travel?				
	Describe any limitations to travel (e.g	g., numbe	r of days o	r specific days).	
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	Do you need any accommodations fo	r the perfo	ormance of	f your duties? □ Yes □ No ■ If yes,	please describe
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Education and Training (include on-the-job training)

Type of Education	Name of Institution	Course of Study	Completed?
High School or GED			🗌 Yes 🗌 No
Community College			Date:
Trade School			Date:
College / University			Date:
Seminars / Other			Date:
Military Experience			Date:
			Date:
			Date:
			Date:

PRINT Name

Please read and INITIAL each paragraph below. If there is any part of this page you do not understand, please ask about it before signing.

- I hereby authorize Operating Engineers Local Union No. 3 to investigate my references, work records, education, and other matters related to my suitability for employment. I also authorize my current and former employers to disclose to Local 3 any and all letter, reports, and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release Operating Engineers Local Union No. 3, my current and former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
- I understand that if offered employment, the offer may be contingent on my passing a pre-employment drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment drug screen and pre-employment physical upon request. I understand that failure to pass the drug screen and/or physical will result in withdrawal of the employment offer.
- If hired, I also agree to submit to drug testing as a condition of employment. I agree that Operating Engineers Local Union No. 3 may conduct drug screening at its sole discretion with or without notice. I also understand that refusal to submit to a drug screening will be considered a voluntary resignation of employment.
- I understand that nothing contained in this application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Operating Engineers Local Union No. 3. In addition, I understand and agree that, if I am employed, my employment relationship with Operating Engineers Local Union No. 3 is strictly voluntary and at our mutual will. I understand that, if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without case or reason, at the option of either myself of Operating Engineers Local Union No. 3, and that no promises or representations contrary to the foregoing are binding on Operating Engineers Local Union No. 3 unless made in writing and signed jointly by the Business Manager and myself.
 - I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States by my third day of employment.
- If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Operating Engineers Local Union No. 3 auto insurance, if required by my position.
 - I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission of misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I certify that I have read and understand this entire page and agree to the terms and conditions outlined in this document.

NOTE: you must initial all boxes on this page before submitting.

PRINT Name