

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.

nstructions:

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

- 1. Online: Open the file online, complete the application and save the file (i.e., JoeEngineer.pdf). E-mail the completed application to: jmciver@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) 748-7436 Attn: Human Resources Dept.

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

Position applying for		_ Loc	ation	
Name				
Address				
Street Address				City-State-ZIP
Contact me		ndary Tele	phone	<u> </u>
Do you have a valid driver's license?	Yes	Num	ber	
Has your driver's license ever been revoked				(if the above position requires it) If yes, explain the circumstances
Have you previously applied to or worked fo				Position
How did you hear about this position?				
Are you related (including in-law) to any cu yes, describe relationship				
OTE: A criminal background check will be performed ployment solely on the grounds of a conviction of the crounding circumstances, and the relevance of the	a criminal offense	e. The natu	ire of the c	offense, the date of the offense, the
Have you ever been discharged from any er "yes," please explain. Attach additional shee	mployment or be ts or use the ba	een asked ck of this	I to resigr page, if r	n? Yes No necessary.

Revision: 4/15/2022

Name of Company	
Name of Supervisor	
Address	
Street Address Contact	City-State-ZIP
Telephone (include area code)	Other (such as cell number or email)
Position & duties:	
Dates of employment	
Starting rate of pay	Ending rate of pay
Reason for leaving	
Name of Company	
Name of Company	
Name of Company	
Name of Company Name of Supervisor Address Street Address Contact	City-State-ZIP
Name of Company	City-State-ZIP Other (such as cell number or email)
Name of Company Name of Supervisor Address Street Address Contact	City-State-ZIP Other (such as cell number or email)
Name of Company	City-State-ZIP Other (such as cell number or email)
Name of Company	City-State-ZIP Other (such as cell number or email)
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Name of Company	City-State-ZIP Other (such as cell number or email) Ending rate of pay
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Name of Company	City-State-ZIP Other (such as cell number or email) Ending rate of pay
Name of Company	City-State-ZIP Other (such as cell number or email) Ending rate of pay

Additional Information required for Applicants for the Positions of Business Representative, Business Agent, Organizer, and Dispatcher

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■ Are you currently a member of an 0	Operating Engineers Local Union? [☐ Yes ☐ No ■ If yes, please provide:
- Date initiated in Operating Engir	neers Local Noon (date)	
■ As of today, I have been in continue for years and		gineers Local Union No
■ If I am hired, I would prefer to work transportation and moving expenses in request, will NOT be paid by Local 3.	ncidental to my first assignment, ar	office. I understand that, if hired of for any subsequent transfers at my
■ I have been <i>employed</i> in the follow	ving classifications or work covered	l by Local 3 agreements:
■ I have been an <i>employer</i> employin	ng the following classification of wo	rk covered by Local 3 agreements:
■ I have been a member of the follow	ving Unions (if none, so state):	
		pation in Union activities as a job steward, ttee member, executive board member, Activity
	References	
Give the name, address, and phone excluding relatives and employers.	number of four (4) personal reference	ences as to your character and ability,
Name	Address	Telephone

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., number of days or specific days).				
■ Do you need any accommodations for the performance of your duties? ☐ Yes ☐ No ■ If yes, please describe				

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 Na	me	
Please read a about it befo	and INITIAL each paragraph below. If there is any part of this pare signing.	page you do not understand, please ask
	I hereby authorize Operating Engineers Local Union No. 3 education, and other matters related to my suitability for enformer employers to disclose to Local 3 any and all letter, my employment with them without giving me prior notic release Operating Engineers Local Union No. 3, my current a corporations, partnerships, and associations from any and of or in any way related to such investigation or disclosure.	mployment. I also authorize my current and reports, and other information pertaining to e of such disclosure. In addition, I hereby and former employers, and all other persons, all claims, demands, or liabilities arising out
	I understand that if offered employment, the offer may be of drug screen and a pre-employment physical. By signing the to a pre-employment drug screen and pre-employment phy to pass the drug screen and/or physical will result in withdr	is application, I voluntarily agree to submit sical upon request. I understand that failure
	If hired, I also agree to submit to drug testing as a condit Engineers Local Union No. 3 may conduct drug screening a also understand that refusal to submit to a drug screening employment.	t its sole discretion with or without notice. I
	I understand that nothing contained in this application or of may be granted is intended to create an employment corn Operating Engineers Local Union No. 3. In addition, I under employment relationship with Operating Engineers Local Unional will. I understand that, if employed, my employment reminated at any time, with or without prior notice, with either myself of Operating Engineers Local Union No. 3, and trary to the foregoing are binding on Operating Engineers L signed jointly by the Business Manager and myself.	ntract, implied or explicit, between me and stand and agree that, if I am employed, my Union No. 3 is strictly voluntary and at our ment is for no definite period and may be or without case or reason, at the option of that no promises or representations con-
	I understand that if offered employment, I will, as a cond proof of my identity and legal right to work in the United St	
	If the position applied for requires driving in the course of a possess a current and valid driver's license and understand my official driving record and proof of insurance. I also u contingent on my ability to be covered by Operating Engrequired by my position.	I that I will be required to provide a copy of nderstand that any offer of employment is
	I hereby certify that I have not knowingly withheld any i chances for employment and that the answers given by a knowledge. I further certify that I, the undersigned applica- tion. I understand that any omission of misstatement on the secure employment shall be grounds for rejection of this ap- employed, regardless of the time elapsed before discovery.	me are true and correct to the best of my ant, have personally completed this applica- nis application or on any documents used to oplication or for immediate discharge if I am
	I certify that I have read and understand this entering conditions outlined in this document.	tire page and agree to the terms and
NOTE: you i	must initial all boxes on this page before submitting.	
	PRINT Name	Date