



IBEW LOCAL 48 JOB REFERRAL
 Fax order to (503) 251-9920 before 2 p.m. for next day
 Job Referrals are good for two dispatch days

For Office Use
 UM Web

Employer :		Date:	
Employer Representative:		Phone #:	
Job Schedule			
<input type="checkbox"/> Day Shift	<input type="checkbox"/> Swing Shift	<input type="checkbox"/> Graveyard Shift	<input type="checkbox"/> Other
Required Shift Information: <input type="checkbox"/> 5x8's <input type="checkbox"/> 4x10's <input type="checkbox"/> Other _____			
Required Shift Time: _____ to _____		Required Shift Days: _____ to _____	
Number Requested <input type="checkbox"/>		Job Duration (approximate months) <input type="checkbox"/>	
<input type="checkbox"/> Jrny Recall (Inside & SC) _____	<input type="checkbox"/> Jrny Call by Name (SC) _____	<input type="checkbox"/> Foreman Call by Name _____	<input type="checkbox"/> Installer Call by Name _____
<input type="checkbox"/> Resi Call by Name _____	<input type="checkbox"/> PM/EST Call by name _____		
Contract / Job Class			
Inside Construction Contract		Residential Contract	
<input type="checkbox"/> General Foreman	<input type="checkbox"/> Foreman	<input type="checkbox"/> Master Residential Electrician	
<input type="checkbox"/> Journeyman	<input type="checkbox"/> Welder	<input type="checkbox"/> General Foreman	
<input type="checkbox"/> Groundsman	<input type="checkbox"/> Operator	<input type="checkbox"/> Construction Residential Electrician	
<input type="checkbox"/> Inside/Residential Combination			
Sound & Communications Contract		Material Handler Inside Support / Lighting Maintenance	
<input type="checkbox"/> General Foreman	<input type="checkbox"/> Foreman	<input type="checkbox"/> Provisional	<input type="checkbox"/> Supp Tech 1-5: _____
<input type="checkbox"/> Journeyman Technician	<input type="checkbox"/> Installer LEB		
(OR LEA/WA 06 License)	<input type="checkbox"/> Installer	<input type="checkbox"/> MH call by name: _____	
	(Non-License)	<input type="checkbox"/> Other: _____	Class: _____
Reporting Information			
Report to: <input type="checkbox"/> Shop	or	<input type="checkbox"/> Jobsite	Start Date: _____ Time: _____
Report to Name: _____		Jobsite Name: _____	
Address: _____		Address: _____	
City, State Zip: _____		City, State Zip: _____	
Phone: _____		Phone: _____	
Skills Preferred		Skills Required	
<input type="checkbox"/> Fire Alarm Experience	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Welder	<input type="checkbox"/> Service Truck
<input type="checkbox"/> Cleanroom Experience	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Required Minority	<input type="checkbox"/> Required Female
<input type="checkbox"/> Traffic Signal Exp.	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Required Over 50	<input type="checkbox"/> Required 1st Source
<input type="checkbox"/> Controls Experience	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Certifications Preferred		Certifications Required	
<input type="checkbox"/> Security Clearance	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Supervisors Lic. OR	<input type="checkbox"/> Administrator Lic. WA
<input type="checkbox"/> General JW Lic. OR	<input type="checkbox"/> General JW Lic. WA	<input type="checkbox"/> TWIC card	<input type="checkbox"/> Comm. Drivers Lic.
Drug Card: <input type="checkbox"/> 1yr	<input type="checkbox"/> 6mo <input type="checkbox"/> 72hr	<input type="checkbox"/> Other: _____	
Area Designation			
<input type="checkbox"/> Portland / Metro	<input type="checkbox"/> Vancouver / Metro	<input type="checkbox"/> Coast	<input type="checkbox"/> Hood River/The Dalles
<input type="checkbox"/> Zone 1 West	<input type="checkbox"/> Zone 2 West		
<input type="checkbox"/> Zone 1 East	<input type="checkbox"/> Zone 2 East	<input type="checkbox"/> Zone 3 East	<input type="checkbox"/> Zone 4 East
Type of Work		Conditions	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> New	<input type="checkbox"/> Remodel
<input type="checkbox"/> Controls	<input type="checkbox"/> Residential	<input type="checkbox"/> Outside Work	<input type="checkbox"/> Slab on Grade / Deck
<input type="checkbox"/> High Voltage	<input type="checkbox"/> Voice Data	<input type="checkbox"/> Rough-in Work	<input type="checkbox"/> Finish Work
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
Additional Comments			