



MAI (CE & JW/MRP)

IBEW LOCAL 48 JOB REFERRAL

(For Use with Memorandum of Understanding Only)

For Office Use

UM Web

Fax Job Order to 503 251-9920 by 1:00 pm
or post on-line by 3:00 pm for next day.
Job Referrals are good for two dispatch days

Employer:		Date:	
Employer Representative:		Phone #:	
Mobile #:	Fax #:	Other #:	
No. of CEs Requested: _____		No. of JWs Requested: _____	
		Job Duration: _____ months	
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4
JOB 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: _____		
Description of Job (Pick One)			
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Retail	<input type="checkbox"/> Drug Store/Pharmacy	
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Residential	<input type="checkbox"/> Fuel Dispensing/Convenience Stores	
<input type="checkbox"/> Mixed Use High (4+)	<input type="checkbox"/> Mixed Use Low/Mid Rise	<input type="checkbox"/> Quick Stop Lubrication Centers	
<input type="checkbox"/> Malls /TI, etc.	<input type="checkbox"/> Signs	<input type="checkbox"/> Other: _____	
Job Schedule			
<input type="checkbox"/> Day Shift	<input type="checkbox"/> Swing Shift	<input type="checkbox"/> Graveyard Shift	<input type="checkbox"/> Other: _____
Estimated Manpower at Peak			
JW _____	CE _____	Apprentices _____	TOTAL _____
List the Number of Employees for this Job			
JW Current _____	To Be Hired _____	CE Current* _____	To Be Hired _____
*List all Employees transferred under portability. Use a separate piece of paper if necessary			
Name	Social Security Number	Classification	
Additional Comments			

* Designate start as either 3:00 pm date of dispatch or next day/time.