



LABORERS' LOCAL 140

Referral Registration Skill Form

LiUNA!
Feel the Power

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

| | | |
|------------------------|-------------------|---------------|
| LAST NAME: _____ | FIRST NAME: _____ | MI: _____ |
| ADDRESS: _____ | | |
| CITY: _____ | STATE: _____ | ZIP: _____ |
| BIRTHDATE: _____ | HEIGHT: _____ | WEIGHT: _____ |
| PHONE NUMBER(S): _____ | | |
| EMAIL ADDRESS: _____ | | |

Please check "X" the counties in which you are available for work. (check all that apply)

| | | | | |
|------------|----------------|------------|--------------|-----------|
| Buffalo___ | Trempealeau___ | Jackson___ | La Crosse___ | Vernon___ |
| Juneau___ | Crawford___ | Grant___ | Richland___ | Monroe___ |

Qualifications

Please place and "X" next to the skills that you are **qualified** to perform or have **previously performed** with confidence.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Cutting Torch _____ Demo _____ Drill Rigging _____ Fire Proofing _____ Forklift _____ Form Setting _____ Grouting _____ Hoisting/Rigging _____ Hydro Mobile _____ Jack Hammer _____ Mason Tender _____ Mortar Mixer _____ Power Buggy _____ Sewer & Water Pipe Layer _____ Top Man _____ Bottom Man _____ Landscape Commercial _____ Residential _____ | Concrete Curb & Gutter _____ Finisher _____ Flat Work _____ Footings/Walls _____ Gunite _____ Power Laser _____ Puddling _____ Pump _____ Rebar/Mesh _____ Saw _____ Shotcrete _____ Sidewalk _____ Vibrator _____ Road Work Concrete _____ Bridge _____ Blacktop _____ Flagging _____ Guardrails _____ Line/Grade _____ Paver _____ | Road Saw _____ Scaffold Building _____ Skid Loader _____ Waterproofing _____ Clean Up _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

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| LICENSES- CERTIFICATIONS Please include expiration dates Asbestos Abatement _____ Lead Abatement _____ Hazard Waste Worker _____ CDL _____ Forklift Operator _____ Scaffold Building _____ Welding _____ Hoisting/Rigging _____ OSHA 30 _____ Flag Certification _____ Restricted Plumbing _____ Weatherization _____ Flagging _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I certify that all of the information submitted by me on this form is true and accurate to the best of my knowledge. I also understand that it is my responsibility to update any current or relevant information on this form.

SIGNATURE: _____

DATE: _____