



IBEW LOCAL 48 JOB REFERRAL

Job Referrals are good for two dispatch days

For Office Use

UM Web

Employer:		Date:	
Employer Representative:		Phone #:	
Number Requested <input type="checkbox"/>		Job Duration (approximate months) <input type="checkbox"/>	
Dispatch Type:			
<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"/> MH/LM/LRT Call by Name _____	
<input type="checkbox"/> Unemployment Recall _____		<input type="checkbox"/> Worker's Comp Recall _____	
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"/> Journey Residential Electrician	
<input type="checkbox"/> Groundsman <input type="checkbox"/> Operator		<input type="checkbox"/> Construction Residential Electrician	
<input type="checkbox"/> Inside/Res Combo <input type="checkbox"/> JW PM/Estimator			
Sound & Communications Contract		Material Handler Inside Support / Lighting Maintenance	
<input type="checkbox"/> General Foreman <input type="checkbox"/> Installer Foreman		<input type="checkbox"/> L R Tech (Solar) <input type="checkbox"/> Low Supp Tech	
<input type="checkbox"/> Foreman (LEB)		<input type="checkbox"/> High Supp Tech	
<input type="checkbox"/> Journeyman Technician (OR LEA / WA 06 License)		<input type="checkbox"/> Marine Contract: Class: _____	
<input type="checkbox"/> Installer (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"/> Residential License		<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"/> Snd & Comm Cert. <input type="checkbox"/> Comm. Drivers Lic.	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Drug Card: <input type="checkbox"/> 6mo <input type="checkbox"/> 72hr		<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: _____	
Area Designation			
<input type="checkbox"/> Portland / Metro <input type="checkbox"/> Vancouver / Metro		<input type="checkbox"/> Coast <input type="checkbox"/> Hood Rvr/The Dalles	
<input type="checkbox"/> Zone 1 West <input type="checkbox"/> Zone 2 West		<input type="checkbox"/> Longview/Metro	
<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/Controls <input type="checkbox"/> Commercial		<input type="checkbox"/> New <input type="checkbox"/> Remodel	
<input type="checkbox"/> High Voltage <input type="checkbox"/> Residential		<input type="checkbox"/> Outside Work <input type="checkbox"/> Slab on Grade / Deck	
<input type="checkbox"/> Lighting Maintenance <input type="checkbox"/> Voice Data		<input type="checkbox"/> Rough-in Work <input type="checkbox"/> Finish Work	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Fire Life Safety		<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
Additional Comments			

EMPLOYER: Fax Job Order to 503 251-9920 by 1:00 pm or post on-line by 3:00 pm for next day.

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