

**OREGON LABORERS – EMPLOYERS TRUST FUNDS**

PO BOX 4148 – PORTLAND, OREGON 97208  
PHONE (503) 460-5245 – WATS (877) 396-5845

New TR 45 FOR OFFICE USE ONLY

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EFF \_\_\_\_\_

PLEASE PRINT

EMPLOYEE NAME: \_\_\_\_\_  
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: \_\_\_\_\_ M  F  BIRTHDATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE

CELL PHONE

NUMBER: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ LOCAL NUMBER: \_\_\_\_\_

I AM SUBMITTING THIS:  TO UPDATE INFORMATION  AS A NEW PARTICIPANT  TO ADD FAMILY MEMBERS  
 TO DELETE FAMILY MEMBERS, IF DELETION IS DUE TO DIVORCE GIVE DATE DIVORCE (DECREE) FINAL

DATE OF DIVORCE (DECREE) \_\_\_\_\_

CHOOSE ONE MEDICAL PLAN  BLUE CROSS BLUE SHIELD  KAISER HEALTH PLAN

CHOOSE ONE DENTAL PLAN:  TRUST PLAN (ACTIVE MEMBERS ONLY)  WILLAMETTE DENTACARE (ACTIVE OR RETIRED MEMBERS)

ARE YOU MARRIED?  YES  NO IF YES, PLEASE GIVE DATE OF MARRIAGE: \_\_\_\_\_

DO YOU OR ANY FAMILY MEMBERS HAVE ANY OTHER GROUP COVERAGE?  YES  NO

CARRIER OR PLAN NAME \_\_\_\_\_

ARE YOU OR ANY OF YOUR FAMILY MEMBERS ELIGIBLE FOR MEDICARE?

SELF MEDICARE ELIGIBLE:  YES  NO SPOUSE MEDICARE ELIGIBLE:  YES  NO CHILD/CHILDREN MEDICARE ELIGIBLE  YES  NO

To add a Domestic Partner – please contact the Administrative Office for the correct forms. Do not use this form to add a Domestic Partner.

SPOUSE NAME: \_\_\_\_\_  
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

LIST ALL UNMARRIED ELIGIBLE CHILDREN

1. NAME: \_\_\_\_\_ CHECK IF STEPCHILD:   
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: M  F

2. NAME: \_\_\_\_\_ CHECK IF STEPCHILD:   
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: M  F

3. NAME: \_\_\_\_\_ CHECK IF STEPCHILD:   
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: M  F

4. NAME: \_\_\_\_\_ CHECK IF STEPCHILD:   
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: M  F

5. NAME: \_\_\_\_\_ CHECK IF STEPCHILD:   
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: M  F

LIFE INSURANCE BENEFICIARY INFORMATION

1. PRIMARY BENEFICIARY: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_

2. CONTINGENT BENEFICIARY: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_

I HEREBY APPLY FOR MYSELF AND FAMILY FOR THE BENEFITS ISSUED BY THIS TRUST AND ANY ENDORSEMENTS THERETO, AND  
AGREE THAT THE SELECTION OF CARRIER IS BINDING UNLESS CHANGED IN WRITING AT THE NEXT ENROLLMENT PERIOD.

© 7  
5,000 6/17

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# LIUNA! LOCAL 737

*Laborers' International Union of North America*



### **TO REGISTER WITH THE LABORERS' UNION:**

To register on the registration list the fee is \$38.00 renewable monthly.

### **TO BECOME A MEMBER OF THE LABORERS' UNION:**

The initiation fee into this Union is \$500.00, plus the first three months dues. Dues are presently \$35.00 per month and must be maintained thereafter. The total of \$605.00 should be paid within the first 3 months. Monthly dues are considered delinquent after sixty days. As an example, April dues must be paid by the end of May or you would be subject to suspension without notice.

While you are working for a Union contractor they will be paying benefits in for you and your family in the form of retirement, health insurance, (medical, dental, eye care, prescriptions and life insurance). After you have worked 200 hours within a three month period you should be eligible for health insurance coverage. (please allow a one month waiting period from the time you earn these hours). It is important, however, that you check with the Oregon Laborers Employers Trust Funds to verify your eligibility. Their phone number is "1-877-396-5845". It is very important that the cards given you be filled out completely and returned to us, so proper credit toward insurance coverage and pension benefits will be received.

### **HEALTH INSURANCE:**

After a member has worked for a Union Contractor for 200 hours within a 3 month period he will have **Medical, Dental, Vision and Life Insurance** for himself and his family. This coverage is paid for solely by your employer. Once your coverage has been activated, you will need 140 hours per month working for the Union Contractor to keep it in effect. Should you run out of coverage, the Trust Office will send you a notice with several payment options for self payments if you so choose.

We recommend before going to a doctor that you check with the Trust Office to be sure your coverage is in effect. The toll free number for the Trust Office is **1-877-396-5845**. We also recommend that for specifics on the amount of coverage for any claim, you call the Trust Office.

### **PENSION PROGRAM:**

Your Union employer will also be paying into a Pension fund for you. Presently it takes 300 hours within a calendar year to earn a pension credit. Your pension is automatically vested after earning 5 years of pension credits. You may have a break in the years you earn pension credits. If the number of years in which you have credits is greater than the number of years in which you did not earn a credit, you will not lose those pension credits. If the numbers of years in which you did not earn a credit is greater than the number of years in which you did, you will lose those previously earned credits. **(In other words, if you had 3 good years with credits and did not earn a credit for 4 years you would lose the 3 good credited years.)**

**NOTE!!! IF YOU GO TO WORK ON A PREVAILING WAGE PROJECT THESE BENEFITS MAY VARY FROM JOB TO JOB. YOUR UNION REPRESENTATIVE WILL EXPLAIN IN MORE DETAIL IF NEEDED.**



# LIUNA! LOCAL 737



**Laborers' International Union of North America**

## Drug Testing Result Release

The undersigned member of Laborers' Union Local 737 hereby authorizes the release to an authorized official of Laborers' Local 737 the results of any employment related drug test administered to me by said employer. This release is limited to either pass or no pass information for the limited purpose of determining eligibility for future dispatching.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 SSN/Member #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Hiring Hall Procedure Agreement

The Master Laborers Agreement, under which our members work, requires that we do our dispatching in accordance with a "Hiring Hall Procedure". When our office receives a call from a Union contractor for laborers, the Union shall refer **qualified** Laborers to that employer in the following order of referral, we start telephoning those people who are **qualified** for the job between the hours of 8:00AM and 4:00PM, beginning with our "A" Out of Work List". If we cannot fill the job order from the "A" list, we go to the "B" Out of Work List". The out of work lists are defined in Article 9 of our Master Labor Agreement.

If we cannot fill the job order from the "B" list we then go to the "C" list. (This is usually at the peak of the construction season). Once a person registered on the "C" list is dispatched to a union job, he/she must join the Union. Anyone who turns down, or is unavailable for two (2) consecutive job referrals for such laborer is qualified shall be automatically re-registered at the bottom of the appropriate list. All members and non-members must renew his/her registration every thirty (30) days, or you will be removed from the list. Any member or non-member who signs a dispatch or takes a job referral and does not show up for work will be removed from the out of work list and must re-register on the bottom of the out of work list.

We do not discriminate against any person with regard to age, race, religion, color, sex, national origin nor ancestry.

If a member works less than five (5) days for an employer for which he/she was dispatched, he/she will be replaced on the out of work list in their past position; again it is the member's responsibility to notify the Union of layoff or dismissal. If a member works more than five (5) days he/she must re-register at the bottom of the appropriate out of work list.

If you have further questions concerning our Hiring Hall Procedures or dispatching, please feel free to contact us at the above telephone number or call one of our Field Reps closest to you.

All hiring hall rules not listed here will refer to the Master Labor Agreement and Local Hiring Hall Rules.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 SSN/Member #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# Laborers' International Union of North America

## Local No. 737

Affiliated with the AFL-CIO

### LABORERS' CODE OF PERFORMANCE

The goal of the Code of Performance is to ensure that our membership meets the highest standards in our industries. Our aim is to deliver craftsmanship that exceeds the expectations of our contractors and their customers. We want to create and maintain a workforce that makes contractors want to be Union and owners want to build Union.

Meeting these goals requires that members understand and incorporate these values in their day-to-day performance. Accordingly, as a Union Laborer I agree to:

- Acquire the necessary skills through apprenticeship and/or training programs.
- Show up on time, ready willing and able to work.
- Give a fair day's work.
  - Adhere to collective bargaining agreement for start, quit and break times.
  - Be drug free
  - Be productive - minimize idle time
- Treat the Employer's and the customer's tools and property with respect.
- Avoid disruptions on the job by using the established procedures to resolve disputes.
- Understand and use safe practices and safety equipment.

I acknowledge this responsibility and pledge my word to do the same.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last 4 SSN/Member #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# AUTHORIZATION FOR REPRESENTATION

I, \_\_\_\_\_

designate and authorize **Oregon & Southern Idaho District Council of Laborers** affiliated with **LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, AFL-CIO**, to act as my collective bargaining representative with my Employer.

This authorization is signed by me for the purpose of securing, for the Union, voluntary recognition and negotiation rights with my Employer and with any future employer.

Name (Please PRINT) \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Shift Worked (please check one):    Day                       Afternoon                       Midnight

Home Phone (\_\_\_\_) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(MUST BE SIGNED, NOT PRINTED)

THIS CARD IS CONFIDENTIAL AND DOES NOT REQUIRE ME TO JOIN OR PAY DUES.

## DUES CHECK-OFF ASSIGNMENT



Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

### DUES DEDUCTION AUTHORIZATION

Recognizing that membership in the above laborers Union is not a condition of job referral, I hereby voluntarily authorize the above Employer or any Employer signatory to a Collective Bargaining Agreement with the Oregon-Southern Idaho District Council of Laborers to deduct from my wages the hourly dues which the District Council has established and uniformly applied to all working members, and hereby direct the Employer to remit such deductions to the Administrative Office in accordance with the terms of the applicable collective bargaining agreement or other agreement for remittance which has been established between the District Council and the Employer.

This authorization shall be irrevocable for a period of one (1) year, or until the termination of the collective bargaining agreement, whichever occurs sooner and shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of each succeeding applicable collective bargaining agreement between my Employer and the District Council, whichever shall be shorter, unless written notice is given by me to my Employer, my Local Union and the District Council not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable collective bargaining agreement between my Employer and the District Council, whichever occurs sooner.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

LOCAL UNION # \_\_\_\_\_

PRESENT EMPLOYER, IF EMPLOYED \_\_\_\_\_ DATE HIRED \_\_\_\_\_



**LIUNA!** LOCAL 737

**Laborers' International Union of North America**



Date \_\_\_\_\_

Name \_\_\_\_\_

Last 4 SSN \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

I authorize the Laborers Union to notify me via text message or robo dial  
(data/message rates may apply)

Signature \_\_\_\_\_

"Please indicate the skills, certifications and training you possess. Only check the circles where you can skillfully perform the work, so that we can ensure successful, safe projects. If you would like training in a particular area, please contact the Local Union or visit the training school's websit, [www.oregonlaborers.com](http://www.oregonlaborers.com).

### SKILLS

ABATEMENT/REMEDICATION

Asbestos Worker

Certification Exp. Date \_\_\_\_\_

Asbestos Supervisor

Certification Exp. Date \_\_\_\_\_

ASPHALT LABORER

Asphalt Raker

Asphalt Dumpman

BI-LINGUAL

- BLUEPRINT/PLAN READING
- BOOM LIFT/SCISSOR LIFT CERTIFICATION Certification Exp. Date \_\_\_\_\_
- CDL - A Certification Exp. Date \_\_\_\_\_
- CDL - B Certification Exp. Date \_\_\_\_\_
- CDL - HAZARDOUS MATERIALS ENDORSEMENT Certification Exp. Date \_\_\_\_\_
- CDL - TANK ENDORSEMENT Certification Exp. Date \_\_\_\_\_
- CHUCK TENDER
  - Chuck Tender – Casing
  - Chuck Tender - Rock
- CONCRETE LABORER
  - Concrete - Finisher
  - Concrete - Chuteman
  - Concrete - Hose Puller
  - Concrete - Hoseman
  - Concrete - Vibrator
- CONCRETE SPECIALIST
  - Concrete Specialist - Concrete Grouting
  - Concrete Specialist - Concrete Nozzleman – Gunite and Shotcrete
  - Concrete Specialist - Sack and Patch
- CONFINED SPACE CERTIFICATION Certification Exp. Date \_\_\_\_\_
- C STOP CERTIFICATION Certification Exp. Date \_\_\_\_\_
- DEMOLITION
  - Demolition Cutting Torch
- DIRECTIONAL DRILL
- DISASTER SITE WORKER
- DISTRIBUTION SCALE
- DRIVERS LICENSE
- FIRST AID/CPR Certification Exp. Date \_\_\_\_\_
- FLAGGING Certification Exp. Date \_\_\_\_\_
  - Flagger - Traffic Control Supervisor (TCS) Certification Exp. Date \_\_\_\_\_
  - Flagger - Pilot Car

FORMAN EXPERIENCE Number of Years \_\_\_\_\_

GENERAL LABORER

Includes but not limited to: Clean-Up, Carpenter Helper, Fire Watch, Form Setter, Form Stripper, Plumber Digger, Tool Room, Plant Safety

General Laborer Pipeliner - Gas

GRADE CHECKER

Grade Checker - GPS

Grade Checker - Laser

Grade Checker - Metrics

HAZARDOUS MATERIALS

Hazardous Waste Worker Certification Exp. Date \_\_\_\_\_

Lead Abatement

HIGH SCALER

HOD CARRIER

Hod Carrier - Brick/Block

Hod Carrier - Monocoat Pump

Hod Carrier - Plaster

Hod Carrier - Refractory

ICRA Hospital Renovation Certification Exp. Date \_\_\_\_\_

MSHA - Miner Safety Training Certification Exp. Date \_\_\_\_\_

OSHA 10 Issued Date \_\_\_\_\_

OSHA 30 Issued Date \_\_\_\_\_

PIPELAYER

Pipelayer - GPS Level

Pipelayer - Gravity

Pipelayer - Pressure

Pipelayer - Poly Fusion Pipe

Pipelayer - Top Hand

Pipeline Operator Qualifications (OQ) Certification Exp. Date \_\_\_\_\_

Pipeline Safety Certification Certification Exp. Date \_\_\_\_\_

Powderman Certification Certification Exp. Date \_\_\_\_\_

POWER SAW OPERATOR



POWER TOOLS OPERATOR

- Jackhammer
- Jumping Jack

RAILROAD LABORER

RESPIRATORY PROTECTION COURSE Completed Date \_\_\_\_\_

RIGGING & SIGNALING CERTIFICATION Certification Exp. Date \_\_\_\_\_

Rigging & Signaling/Bellman

SAWCUTTING

- Sawcutting - Core Drill
- Sawcutting - Floor/Wall Saw
- Sawcutting - Target Saw Operator
- Sawcutting - Wire Saw

SCAFFOLD USER

Scaffold Builder (80 Hours) Certification Exp. Date \_\_\_\_\_

Scaffold Erector (40 Hours) Certification Exp. Date \_\_\_\_\_

SHIPYARD

SMALL EQUIPMENT OPERATOR CERTIFICATION

Certification Exp. Date \_\_\_\_\_

Air Track Drill Operator

Bobcat

Forklift License Certification Exp. Date \_\_\_\_\_

Power Buggy

TIMBER FALLER

TUNNEL MINER

TWIC CARD Certification Exp. Date \_\_\_\_\_

WELDER Certification Exp. Date \_\_\_\_\_

Welder - Thermite

REGIONS: Please indicate which regions, designated by Counties, you are willing to travel to (see attached map for additional assistance)

- 1 - Clatsop, Columbia, Tillamook
- 2 – Clackamas, Multnomah, Washington
- 3 – Marion, Polk, Yamhill
- 4 – Benton, Lane, Lincoln, Linn
- 5 – Coos, Curry, Douglas, Jackson, Josephine
- 6 – Hood River, Sherman, Wasco
- 7 – Crook, Deschutes, Jefferson
- 8 – Klamath, Lake
- 9 – Baker, Gilliam, Grant, Morrow, Umatilla, Union , Wallowa, Wheeler
- 10 – Harney, Malheur

#### SHIFTS

- Days
- Swing
- Graveyard

#### "ETHNICITY AND GENDER IDENTIFICATION

(Voluntary: Assists with certain governmental job goals/requests):"

- African American
- Asian/Pacific Islander
- Caucasian
- Female
- Male
- Hispanic
- Minority
- Native American
- T.E.R.O.
- Other

rev





**LIUNA! LOCAL 737**

*Laborers' International Union of North America*



INSTRUCTIONS ON HOW TO PAY UNION DUES

PLEASE PAY ALL DUES AND INITIATION PAYMENTS ONLINE GO TO [www.local737.org](http://www.local737.org)  
USE THE LAST FOUR OF YOUR SOCIAL SECURITY NUMBER AS YOUR MEMBER NUMBER UNTIL YOU  
RECEIVE YOUR MEMBER CARD BY MAIL. ALL DUES ARE DUE THE FIRST DAY OF EACH MONTH, BUT YOU  
HAVE UNTIL THE END OF THE MONTH TO MAKE THE PAYMENT.

YOU CAN SIGN UP FOR AUTO WITH DRAWL FROM A CREDIT AND OR DEBIT CARD BY CALL THE OFFICE AT  
541-801-2209 TO SET UP AUTO DEBIT FOR UNION DUES PAYMENTS. UNION DUES ARE UP TO YOU TO  
PAY EACH MONTH THEY DO NOT COME OUT OF YOUR PAYCHECK. WE DO NOT SEND OUT INVOICES.

YOU CAN MAIL IN A CHECK TO THE FOLLOWING ADDRESS:

**LABORERS' LOCAL 737**

**17230 NE SACRAMENTO ST. STE 202**

**PORTLAND, OR 97230**

IF YOU GO TWO MONTHS WITH OUT PAYING YOUR DUES, YOU WILL THEN BECOME SUSPENDED. AND A  
\$25.00 SERVICE CHARGE WILL BE APPLIED TO THE PAST DUE AMOUNT.

PLEASE CALL THE OFFICE AND MAKE ARRANGMENTS IF YOU ARE UNABLE TO MAKE ANY PAYMENTS, IF  
WE ARE ABLE WE WILL WORK WITH ALL MEMBERS ON EXTENDING INITIATION DUES. MONTHLY UNION  
DUES CAN NOT BE EXTENDED AND HAVE TO BE PAID EACH MONTH TO REMAINE A ACTIVE MEMBER.

# Laborers' International Union of North America

## LOCAL No. 737

17230 NE Sacramento St., Suite 202

Portland, OR 97230

(541) 801-2209 or (541) 801-2216

FAX (503) 296-2510

To pay dues online go to [www.laborerslocal737.org](http://www.laborerslocal737.org)

## JOURNEYMAN INITIATION AGREEMENT

I, \_\_\_\_\_, dispatched to \_\_\_\_\_, hereby acknowledge that I owe Laborers' Local Union #737 initiation fees of **\$500.00** and one month's dues **\$ 35.00**. Below are the payment arrangements that I agree to. I will further realize that if these set payment dates are not kept, that I will be subject be removed from the job of any signatory contractor without further notice.

### Payments are as follows:

1. \$65.00 Initiation and \$35.00 Dues Total of **\$ 100.00** Due By: \_\_\_\_\_
2. \$145.00 Initiation and \$35.00 Dues Total of **\$ 180.00** Due By: \_\_\_\_\_
3. \$145.00 Initiation and \$35.00 Dues Total of **\$ 180.00** Due By: \_\_\_\_\_
4. \$145.00 Initiation and \$35.00 Dues Total of **\$ 180.00** Due By: \_\_\_\_\_

After completion of this agreement, I understand that current monthly dues are \$35.00, which are due on the first day of each month and that suspension from the Union will automatically occur on the sixty-first day of nonpayment.

I also understand that working dues, which appear on my dispatch, and check stub are not payment of these monthly dues.

I will immediately inform the Union hall of any change in the status of my employment, phone number, or address and I will abide by the hiring hall practices and procedures to remain as a member in good standing with the Union hall. All correspondence with the Union hall shall be made at the above address and checks should be made payable to Laborers' Local 737.

I hereby acknowledge receiving a copy of this statement, with the original to remain in the office of the Union hall.

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Membership Applicants Signature

\_\_\_\_\_  
Witness of Signature