



# LOCAL 78

## ASBESTOS, LEAD & HAZARDOUS WASTE LABORERS' UNION

### JOB REFERRAL FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BOOK #: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

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

**MINIMUM LIST REQUIREMENT:**

<b>Must have all:</b>	<input type="checkbox"/> Fit Test	<input type="checkbox"/> Medical Test	<input type="checkbox"/> Scaffold User	<input type="checkbox"/> OSHA
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<b>Must have at least one</b>	<input type="checkbox"/> Asbestos Licenses	<input type="checkbox"/> Lead OSHA	<input type="checkbox"/> Lead EPA	<input type="checkbox"/> Mold
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**LOCATIONS:** (please check all that apply)

\_\_\_\_\_ Manhattan \_\_\_\_\_ Bronx \_\_\_\_\_ Brooklyn \_\_\_\_\_ Queens \_\_\_\_\_ Staten Island \_\_\_\_\_ Long Island

**AVAILABILITY TO WORK:** \_\_\_\_\_ ANYTIME \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ WEEKENDS

**EXTRA SKILLS:** (Please check all that apply)

\_\_\_\_\_ LEAD RRP \_\_\_\_\_ Fall Prevention Awareness \_\_\_\_\_ 30 Hr. OSHA \_\_\_\_\_ PCB \_\_\_\_\_ Confined Space

\_\_\_\_\_ Silica Awareness \_\_\_\_\_ 16 Hr. Suspended Scaffold \_\_\_\_\_ 32 Hr. Scaffold \_\_\_\_\_ Fire Watch

\_\_\_\_\_ MTA \_\_\_\_\_ SWAC \_\_\_\_\_ TWIC \_\_\_\_\_ LIRR \_\_\_\_\_ AMTRACK \_\_\_\_\_ SST \_\_\_\_\_ GSA \_\_\_\_\_ Boom/Scissor Lift

EXTRA LICENSES \ CERTIFICATIONS: (Please list all others not mentioned above):

\_\_\_\_\_

**CERTIFICATES: PLEASE ATTACH ALL COPIES OF LICENSES THAT APPLY**

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_