

Pipeline Training APPLICATION 2013-2014 Speciality Class

Fax to: **IUOE Pipeline Director**
4700 Bryant Irvin Court, Ste. 302
Fort Worth, TX 76107
Fax: 817-763-0448 ♦ 817-763-0344

Name:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Address:			
City:	State:	Zip Code:	
Phone: () ()	Cell Phone: () ()	E-mail:	Date of Birth:

List the following information as it appears on your union card/dues receipt

Local:	Registration #	Initiation Date:
--------	----------------	------------------

Have you worked in pipeline in the past? Yes_____ No_____

Approximately how many pipeline hours did you work in the last year? _____

List your last pipeline employer:

Employer: _____ Date: _____ Location: _____

Have you taken a pipeline training course in the past? Yes:_____ No:_____

Date: _____ Location: _____

Equipment trained on: _____

Which pieces of equipment can you skillfully operate? Indicate your skill level on a scale of 1 (lowest) to 10 (highest).

_____ Excavator _____ Angle Dozer _____ Sideboom

Please check the class you are applying for (select only one class):

_____ Bending Engineering _____ John Henry _____ Vacuworxs Pipe Lifter _____ Maintenance Training

_____ Winching **(Must have completed a Pipeline Training Fund Dozer class first)**

_____ HDD (Horizontal Directional Drilling) _____ Deckhand

Are you willing to work outside the jurisdiction of your local union? Yes_____ No_____

Signature of Applicant

Signature of Business Manager

By accepting training from the Training Fund, you agree to provide the Fund with updated information about your pipeline employment over the next two years

Class Date: _____ Class Location: _____