

Emergency Contact Information

Name

Relationship

Phone Number

UNEMPLOYMENT REGISTRATION

(Please Print)

SSN: _____ Date ___/___/___

Name _____
First MI Last

Address _____
Street City

Zip _____ State ___ Date of Birth ___/___/___

Classification _____

Phone (____) _____ (____) _____
Home Cell

Card No. _____ Local No. _____

Local's City _____ St _____

Email Address _____

Last Date Employed ___/___/___ First Time Sign In Y N

**TO THE FINANCIAL SECRETARY AND TREASURER
OF LOCAL UNION #180, I.B.E.W.**

You are hereby authorized to pay, in the event of my death, all monies due me from Local Union #180 Death Benefit Fund as provided in Article XI of Local Union #180 By-Laws as amended May 24, 1954:

FIRST BENEFICIARY _____ RELATIONSHIP _____

SECOND BENEFICIARY _____ RELATIONSHIP _____

DATE _____

Please Sign _____

Please Print Name _____

Address _____



LOCAL UNION 180
INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS
SERVING NAPA AND SOLANO COUNTIES SINCE 1901

HERB WATTS
PRESIDENT

KEVIN COLEMAN
BUSINESS MANAGER

Application for Referral

Date: _____

Name: _____
 First Middle Int. Last

Address: _____

City, Zip _____

Social Security _____ Phone _____

Are you a U.S. Citizen? _____

Can you work heights: ladder scaffold steel

Did you serve an Apprenticeship? How long? _____

Where? _____

Was it a state or federally approved program? _____

Furnish Certificate? _____

Have you ever been convicted of a felony? _____

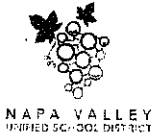
Do you have transportation to and from work? _____

Give the number of months or years experience you have had on each of the following phases of electrical installation:

Conduit bending & insulation		Welding	
Hydraulic conduit bending		Substations	
Signal/Street lights		Underground	
Commercial lighting		Concrete Slab	
Motor control		Shop work	
Industrial wiring		Transformers	
Control wiring		Cable splicing	
Switchboard		Residential	
Intercom & Sound			

By signing this application, I affirm that all statements made by me herein are true, complete and correct to the best of my knowledge and belief, and are made in good faith to assist the hiring hall in determining my proper group classification in accordance with the Referral Procedure and Test. Any false statement may make me ineligible for use of the Referral System and/or removal from job. After disqualification, I understand I may request that the Appeals Committee consider my case.

Signature _____



Napa Valley Unified School District
Napa Valley Adult Education



Dr. Rosanna Mucetti
Superintendent

Rick Jordan
Principal

Judith Flores
Assistant Principal

Date: _____
(Letter valid from 10/22/19- 6/30/20)

Letter of Registration

Name of Student: _____

This is to certify that the above named individual is registered at Napa Valley Adult Education for enrollment in the Electrician Certification Training Program.

If you have any questions, please contact me directly.

Sincerely,

Laurel Leonard-Broi
Supervisor of Programs
Napa Valley Adult Education
1600 Lincoln Avenue
Napa, CA 94558
lleonard@nvusd.org

State of California
DIR – Division of Labor Standards Enforcement
Electrician Certification Program
<http://www.dir.ca.gov/dlse/ECU/ElectricalTrade.html>
Phone (510) 286-3900

DL State ___ Driver's License # _____
Date of Birth:(mm/dd/yyyy) ___/___/___
Payment Amount \$ 25.00 _____
ET#: T _____ (reinstating)

**APPLICATION FOR NEW REGISTRATION OF
ELECTRICIAN TRAINEE or Reinstatement**

Name: Last: _____ Sfx: _____ First: _____ Initial: _____

Name must match U. S. Drivers License or State ID:

Please PRINT or type all information in INK:

Mailing Address: _____
City: _____ County: _____
State: _____ Zip: _____ E-Mail: _____
Day Phone: _____ Evening Phone: _____

NOTE: You must attach a current proof of Enrollment or this application will not be processed. Check the box below that pertains to you. For those who have withdrawn, please fill out this form as stated on the second box below.

Check one box to register and attach payment of \$25.00 only (see bottom of this page for payable to)
I certify that I am Enrolled in or have Completed an Electrician Trainee Approved Curriculum at:
Use the School Number listed on our web site at <http://www.dir.ca.gov/dlse/ECU/ListOfApprovedSchools.html>
School No.: 118 School Name (printed): Napa Valley Adult Education

If you withdrew/cancelled from an ET school, you will be inactive on the ET list until you reinstate your ET status by filling out this portion and attaching your payment:
ET #: _____ Cost to reinstate your ET card \$25.00 (see below for payment information)
Reason: _____
School No.: _____ School Name: _____

This registration must be renewed annually until you become certified or leave the trade.

I certify under penalty of perjury that all statements and attachments are true and correct.

Signature: _____ Date: _____

Submit form with original signature and keep a copy for your records.

Incomplete or inaccurately paid applications will NOT be approved.

Attach exact payment of \$25.00 by check or money order payable to 'DIR – Electrician Certification Fund'.

Mail this completed form with all required attachments to:

DIR-Division of Labor Standards Enforcement - Attn: Electrician Certification Unit
PO Box 511286 Los Angeles, CA 90051-7841



LOCAL UNION 180

**INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS**

SERVING NAPA AND SOLANO COUNTIES SINCE 1901

HERB WATTS
PRESIDENT

KEVIN COLEMAN
BUSINESS MANAGER

Construction Electrician / Wireman: January 1, 2020 – May 31, 2020

Classification	Rate	Total Hourly Package
Construction Electrician Level 3 (Lead/Foreman) 110%	\$37.38	\$46.20
Construction Electrician Level 2 (10,001 and above) 100%	\$33.98	\$42.68
Construction Electrician Level 1 (8,001 and above) 80%	\$30.58	\$39.16
Health & Welfare Trust Fund	\$6.65	Per Hour Worked
National Electrical Benefit Fund	3%	Gross Mo. Payroll
JATC Trust Funds	\$.85	Per Hour Worked
National Labor-Management Cooperation Trust Fund (NLMCC)	\$.01	Per Hour Worked
AMF	.5%	Gross Mo. Payroll
(Employee Deduction) Dues Check-Off Plan	3%	Gross Mo. Payroll

Wireman Rates

Step	Percentage	Rate
Step 1 (0 – 3,000 Hours)	50%	\$16.99
Step 2 (3,001 – 4,000 Hours)	55%	\$18.69
Step 3 (4,001 – 5,000 Hours)	60%	\$20.33
Step 4 (5,001 – 6,000 Hours)	65%	\$22.09
Step 5 (6,001 – 7,000 Hours)	70%	\$23.79
Step 6 (7,001 – 8,000 Hours)	75%	\$25.49

CE/CW TOOL LIST

Wire Strippers

(2) Side Cutters (Klein Type, Diagonal)

(2) Screwdrivers (Phillips, Flat)

(2) Pump Pliers (Channel Locks)

Level, up to 12"

Hammer

Tape Measure, up to 25'

Hacksaw Frame

Knife

Tool Pouch

NECA/IBEW FAMILY MEDICAL CARE PLAN

410 Chickamauga Avenue, Suite 301

Rossville, GA 30741

http://www.NIFMCP.com

Phone (706) 841-7000

Fax (706) 841-7020

Toll Free (877) 937-9602

FAMILY ENROLLMENT FORM

COMPLETE AND RETURN TO ADDRESS SHOWN ABOVE

Name of Employee _____ Soc. Sec. No. _____

Address _____
(street number and street name)

_____ Telephone No. (____) _____
(city, state, zip code)

Local Union No. _____ Current Employer _____
(name, city, state, zip code)

Job Class: Journeyman (or above) Apprentice Construction Elec. Construction Wire man Non-Bargained-for Other: _____
(circle one)

Date of Birth _____ Sex: M F Marital Status: Single Married Div Sep Legally Sep. Widowed
(circle one) (circle one)

Name of Spouse _____ Sex: M F Date of Birth _____ Soc. Sec. No _____
(circle one)

NEW EMPLOYEES OR NEW SPOUSES—ATTACH CERTIFIED COPY OF MARRIAGE CERTIFICATE.

Name of any family member through which other group coverage is provided _____

Name, address, telephone no., and group/member I.D.s for that health plan _____

List all dependent children under age 26

Full Legal Name	Relationship to you (natural child, step-child, etc.)	Does child live with you?	Child's Social Security Number	Date of Birth	Sex
1.					
2.					
3.					
4.					
5.					
6.					

FOR ANY NEWLY ENROLLED CHILD LISTED ABOVE, PLEASE SUBMIT A CERTIFIED BIRTH CERTIFICATE OR COPIES OF ALL PERTINENT COURT ORDERS (DIVORCE DECREES, CUSTODY AWARDS, PATERNITY ORDERS, ETC.).

LIFE INSURANCE BENEFICIARY

Designate one or more beneficiaries for your Life Insurance and AD&D Insurance benefits.

Primary Beneficiary(ies):

Full Legal Name	Relationship to You	Social Security Number	Date of Birth	% of total (must equal 100%)

Contingent Beneficiary(ies) - Insurance benefits will only be paid to a contingent beneficiary if there is no surviving primary beneficiary.

Full Legal Name	Relationship to You	Social Security Number	Date of Birth	% of total (must equal 100%)

The above-named beneficiary supersedes any and all beneficiaries previously designated. Designation of a beneficiary on this form will be valid only if the Fund Office receives this form while you (the employee) are still living.

Date Signed _____

Employee Signature _____