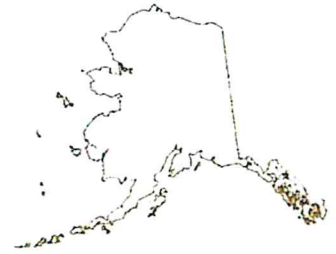




LABORERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 341

2501 Commercial Drive, Anchorage, AK 99501
Phone (907) 341-0341 Fax (907) 341-0342
www.local341.com



READ THIS CAREFULLY!!!!

If you are seeking membership into Laborers' Local 341, please be aware that upon acceptance of this application and receipt of \$39.00 you will be placed on either the "D" out-of-work list or the "E" out-of-work list. "D" list registrants are those who have proven their Alaskan residency as required on the application attached. "E" list registrants are those who are not 12-month Alaskan residents.

All jobs dispatched out of Local 341 are dispatched at the Union Hall at 9:00 a.m. each morning, Monday through Saturday. You **must attend** the job calls if you wish to find a job.

WE DO NOT CALL YOU.

You must pay the \$39.00 hiring hall fee each month in order to remain on the list.

We have five out-of-work lists and you have approximately 500 people above you who have the first opportunity at any job that goes out of the Union Hall.

Once you take a dispatch, you must then pay an initiation fee of \$515.00. At that time, you become a full member and must pay \$40 per month to remain in good standing.

Applications and payment can be submitted via mail or delivered to our office location.

JOEY MERRICK
BUSINESS MANAGER
SECRETARY-TREASURER

BRANDON CALCATERRA
PRESIDENT

SERGIO ACUÑA
VICE PRESIDENT

PETE DAHL
BUSINESS AGENT

WES CANFIELD
BUSINESS AGENT

GRETA WADE, RN
HEALTHCARE
REPRESENTATIVE



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READ THIS CAREFULLY!!!

Dear Hiring Hall Participant:

Following are two questions pertaining to membership in **LABORERS' LOCAL 341**.
The answer will enable us to place you on the appropriate out-of-work list.

1. Are you a member of the Laborers' International Union of North America?
YES **NO**

2. Are you a consecutive 12-month resident of the state of Alaska?
YES **NO**

The three pieces of verification that you can use are listed below. **ONLY ONE** of the three is required.

1. Permanent fund **2021** or approval for **2022** permanent fund.
2. Current Fishing License.
3. Copies of checks **written in Alaska** for each of the last **12 consecutive months**.

NAME (PLEASE PRINT): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SSN: _____ DATE OF BIRTH _____

E-MAIL: _____ CURRENT DRIVERS LICENSE: Yes or No

PHONE# _____ TODAY'S DATE _____

SIGNATURE _____

We do **NOT** accept the following as verification of residency: Driver's License, Social Security Card, Birth Certificate, or Identification Cards.



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NAME _____ SOCIAL SECURITY _____

CIRCLE THE NUMBER THAT APPLIES TO YOU: TRUST CODES

MALE

CAUCASIAN	1
ALASKA NATIVE	2
BLACK	3
SPANISH AMERICAN	4
AMERICAN INDIAN	5
OTHER	6
ORIENTAL	7

FEMALES

CAUCASIAN	10
ALASKA NATIVE	20
BLACK	30
SPANISH AMERICAN	40
AMERICAN INDIAN	50
OTHER	60
ORIENTAL	70

What is your Native Corporation?

What is your Native Corporation?

MALES

Chugach	80
Ahtna	81
Nana	82
Arctic Slope Regional	83
CIRI	84
Aleut	85
Calista	86
Bering Straits	87
Bristol Bay	88
Koniag	89
Cook Inlet	90
Doyon	91
Sealaska	92
Other _____	93

FEMALES

Chugach	100
Ahtna	101
Nana	102
Arctic Slope Regional	103
CIRI	104
Aleut	105
Calista	106
Bering Straits	107
Bristol Bay	108
Koniag	109
Cook Inlet	110
Doyon	111
Sealaska	112
Other _____	113

JOEY MERRICK
BUSINESS MANAGER
SECRETARY-TREASURER

BRANDON CALCATERRA
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VICE PRESIDENT

PETE DAHL
BUSINESS AGENT

WES CANFIELD
BUSINESS AGENT

GRETA WADE, RN
HEALTHCARE
REPRESENTATIVE

Name: _____

Social Security: _____

Please check off all the classifications that you qualify for with years of experience, and return this to Laborers' Local 341. Be sure to bring all your school certifications, and licenses in, (for all those that apply) so we may make copies to put in your file.

Skill	Expires	Skill	Expires	Skill	Expires
<input type="checkbox"/> AK. Native	___	<input type="checkbox"/> Foreman Powderman	___	<input type="checkbox"/> Pneumatic Tool	___
<input type="checkbox"/> Apprentice	___	<input type="checkbox"/> Forklift	___	<input type="checkbox"/> Powderman Drill	___
<input type="checkbox"/> Asbestos*	___	<input type="checkbox"/> Forklift Safety	___	<input type="checkbox"/> Powderman Helper	___
<input type="checkbox"/> Asphalt Raker	___	<input type="checkbox"/> Form builder	___	<input type="checkbox"/> Powderman*	___
<input type="checkbox"/> Asphalt	___	<input type="checkbox"/> Fuel Distributor	___	<input type="checkbox"/> PrePELLing	___
<input type="checkbox"/> Blueprint Reading	___	<input type="checkbox"/> General Labor	___	<input type="checkbox"/> Pre-Stress	___
<input type="checkbox"/> Burning Torch	___	<input type="checkbox"/> Graderman	___	<input type="checkbox"/> Pros (oilspill)	___
<input type="checkbox"/> CDL A	___	<input type="checkbox"/> Grout pump	___	<input type="checkbox"/> Rebar	___
<input type="checkbox"/> CDL B	___	<input type="checkbox"/> Guardrail Layout	___	<input type="checkbox"/> Rigger	___
<input type="checkbox"/> CESL	___	<input type="checkbox"/> Guardrail	___	<input type="checkbox"/> Sack&Patch	___
<input type="checkbox"/> Cement Finisher	___	<input type="checkbox"/> Gunnite Operator	___	<input type="checkbox"/> Sandblaster	___
<input type="checkbox"/> Chainsaw Filer	___	<input type="checkbox"/> Hazardous Waste*	___	<input type="checkbox"/> Scaffold Safety	___
<input type="checkbox"/> Chainsaw Oper.	___	<input type="checkbox"/> Hazwoper*	___	<input type="checkbox"/> Scaffold Erecting	___
<input type="checkbox"/> Chuck tender	___	<input type="checkbox"/> High Scaler	___	<input type="checkbox"/> Screener	___
<input type="checkbox"/> Concrete Power	___	<input type="checkbox"/> Hodi	___	<input type="checkbox"/> Sheet metal	___
<input type="checkbox"/> Concrete Specialist	___	<input type="checkbox"/> Industrial Coat*	___	<input type="checkbox"/> Sheetrock Stocker	___
<input type="checkbox"/> Concrete Vibrator	___	<input type="checkbox"/> Instructor	___	<input type="checkbox"/> Six Pak Lic.	___
<input type="checkbox"/> Concrete	___	<input type="checkbox"/> Insulator	___	<input type="checkbox"/> Stakehop	___
<input type="checkbox"/> Confined Space*	___	<input type="checkbox"/> Jack Hammer	___	<input type="checkbox"/> Steward	___
<input type="checkbox"/> Crusher Laborer*	___	<input type="checkbox"/> Landscaper	___	<input type="checkbox"/> Strip Layout	___
<input type="checkbox"/> Cutting Torch	___	<input type="checkbox"/> Laser Instrument	___	<input type="checkbox"/> Thermal Plastic	___
<input type="checkbox"/> Driller Helper	___	<input type="checkbox"/> Lead Abatement*	___	<input type="checkbox"/> Timber Faller	___
<input type="checkbox"/> Driller Powder	___	<input type="checkbox"/> Mason Tender	___	<input type="checkbox"/> Traffic Control*	___
<input type="checkbox"/> Driller	___	<input type="checkbox"/> Metal Fabrication	___	<input type="checkbox"/> Traffic Super.*	___
<input type="checkbox"/> Dump Person	___	<input type="checkbox"/> Miner Powderman*	___	<input type="checkbox"/> Training Super.	___
<input type="checkbox"/> Epoxy Spray	___	<input type="checkbox"/> Miner	___	<input type="checkbox"/> Trains	___
<input type="checkbox"/> Explosives*	___	<input type="checkbox"/> Monaco Pump	___	<input type="checkbox"/> Tunnel	___
<input type="checkbox"/> Fence Install	___	<input type="checkbox"/> MSHA	___	<input type="checkbox"/> TWIC Card	___
<input type="checkbox"/> Fireproofing	___	<input type="checkbox"/> Nozzle man	___	<input type="checkbox"/> UST*	___
<input type="checkbox"/> First Aid/CPR*	___	<input type="checkbox"/> Oilspill	___	<input type="checkbox"/> Welder	___
<input type="checkbox"/> Floor Prep	___	<input type="checkbox"/> Painter-Pipe*	___	<input type="checkbox"/> Welder-Arc	___
<input type="checkbox"/> Foreman Driller	___	<input type="checkbox"/> Pioneer Driller	___	<input type="checkbox"/> Welder-Cad	___
<input type="checkbox"/> Foreman General	___	<input type="checkbox"/> Pipe Fusion*	___	<input type="checkbox"/> Yard Laborer	___
<input type="checkbox"/> Foreman Hodi	___	<input type="checkbox"/> Pipe Insulation	___		
<input type="checkbox"/> Foreman Labor	___	<input type="checkbox"/> Pipe layer	___		
<input type="checkbox"/> Foreman Pipe	___	<input type="checkbox"/> Plaster	___		

*-Requires Current Certification

Signature _____

Date _____