

# Pipeline Training APPLICATION 2009-2010

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

|                         |                              |                                |                                  |
|-------------------------|------------------------------|--------------------------------|----------------------------------|
| Name: _____             |                              | Male: <input type="checkbox"/> | Female: <input type="checkbox"/> |
| Address: _____          |                              |                                |                                  |
| City: _____             | State: _____                 | Zip Code: _____                |                                  |
| Phone: _____<br>( ) ( ) | Cell Phone: _____<br>( ) ( ) | 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 3 pipeline employers:

|                |            |                |
|----------------|------------|----------------|
| Employer _____ | Date _____ | Location _____ |
| Employer _____ | Date _____ | Location _____ |
| 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

Equipment you are applying to train on:

\_\_\_\_ Excavator    \_\_\_\_ Angle Dozer    \_\_\_\_ Sideboom (indicate first (1), second (2), and third (3) choice)  
\_\_\_\_ Bending Machine (**Please check for BENDING CLASS ONLY**)  
\_\_\_\_ John Henry (**Please check for JOHN HENRY CLASS ONLY**)  
\_\_\_\_ Vacuworxs Pipe Lifter (**Please check for VACUWORXS CLASS ONLY**)

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: \_\_\_\_\_