



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



PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

Following are two questions pertaining to membership in **LABORERS' LOCAL 341**.

1. Are you a member of the Laborers' International Union of North America?

YES _____ NO _____

2. Are you a resident of the State of Alaska for the past 12 consecutive months?

YES _____ NO _____

Name (PRINT): _____

SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Driver's License: _____

Phone: _____

Date: _____

Signature: _____



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What is your gender? Please mark the **one box** that describes the gender with which you identify.

- Male
- Female

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you identify.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Two or More Races
- White

What is your Native Corporation? Please mark the **one box** that describes your Native Corporation.

- | | |
|--------------------------------------|--------------------------------|
| <input type="radio"/> Ahtna | <input type="radio"/> CITC |
| <input type="radio"/> ASRC | <input type="radio"/> CIRI |
| <input type="radio"/> Aleut | <input type="radio"/> Doyon |
| <input type="radio"/> Bering Straits | <input type="radio"/> Koniag |
| <input type="radio"/> Bristol Bay | <input type="radio"/> NANA |
| <input type="radio"/> Calista | <input type="radio"/> Sealaska |
| <input type="radio"/> Chugach | <input type="radio"/> Other |

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"/> Grademan	___	<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"/> Pipelayer	___		
<input type="checkbox"/> Foreman Pipe	___	<input type="checkbox"/> Plaster	___		

***-Requires Current Certification**

Signature _____

Date _____



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Dues Check-Off Authorization and Assignment Laborers' International Union of North America Alaska Laborers' Local 341

Name: _____

Address: _____

SSN: _____ Telephone: (_____) _____

Recognizing that membership in Alaska Laborers' Local 341 is not a condition of my job referral, I hereby voluntarily authorize my Employer, including my present Employer and any future signatory Employer, to deduct from my wages the dues which the Local Union has established and uniformly applied to all working members, and hereby direct my Employer to remit such deductions to the Local Union in accordance with the terms of the applicable collective bargaining agreement or other agreement for remittance which has been established between the Local Union and my Employer.

This authorization shall be irrevocable for a period of one (1) year, or until the termination of the collective bargaining agreement, whichever occurs sooner, and shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of each succeeding applicable collective bargaining agreement between my employer and my Local Union, whichever shall be shorter, unless written notice is given by me to my employer and my Local Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year or of each applicable collective bargaining agreement between my employer and my Local Union, whichever occurs sooner. Furthermore, this check-off authorization shall continue in accordance with the above renewal and revocation provisions irrespective of my membership in the Union.

Signature: _____ Date: _____

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

Member Responsibilities-Acknowledgement Form

As a member of the Laborers' International Union of North American (LIUNA), Local 341, I agree to the following:

- Acquire the necessary skills through apprenticeship and/or training programs.
- Report promptly upon referral to a job and show up to work on time, ready, willing and able to work.
- Be aware of and follow the Local Union's job referral rules.
- Avoid excessive absenteeism and excessive tardiness.
- Follow directions from supervisors.
- Do not be insubordinate.
- Give a fair day's work.
- Respect Zero Tolerance policies by no use, possession or distribution of alcohol or illicit drugs on the job or on Employer's property, as well as promptly reporting any violations.
- Avoid disruptions on the job by using the established procedures to resolve disputes.
- Understand and use safe practices and safety equipment.
- Respect the Employer's policies, with particular attention to drug testing and cell phone use while on the job.
- Treat the Employer's and customer's tools and property and those of fellow workers with respect.

I acknowledge this responsibility and pledge my word to do the same and acknowledge that I have received, read and understand the Laborers' Code of Performance.

Signature

Date

Print Name

**EMPLOYEE AUTHORIZATION OF PAYROLL DEDUCTIONS FOR
ALASKA LABORERS' LOCAL 341 POLITICAL EDUCATION COMMITTEE AND
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA PAC**

This is to certify that _____ of

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

authorizes and directs each and every employer signatory to an agreement with Laborers' Local 341 to deduct from each of my paychecks the amount designated below and to remit them to Alaska Laborers' Local 341 Political Education Committee ("ALPEC"), the Laborers' International Union of North America PAC ("LIUNA PAC"), or both as allocated by the Union. I understand that this is a voluntary contribution; contributing to either political action committee (PAC) is not a condition of employment or membership in the union; and I have the right to refuse to contribute without reprisal. I further understand that the guideline amount listed below, and my designation of the Union to allocate my contributions to ALPEC and LIUNA PAC are merely suggestions, and I will not be favored or disadvantaged because of the amount of my contribution, my decision not to contribute, or my allocation; ALPEC and LIUNA PAC each will use the money it receives to make political expenditures and contributions in connection with federal, state and local elections; and I may revoke this authorization at any time.

Amount: \$.10 per hour or \$. per hour to ALPEC/LIUNA PAC .

Signature: _____ Date: _____

Contributions to ALPEC and LIUNA PAC are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions to LIUNA PAC exceed \$200 in a calendar year.



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CONSTRUCTION PAYMENT SCHEDULE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

Business Agent / Company: _____

By signing the application I hereby designate Laborers' International Union of North America Local 341 as my bargaining agent and have agreed to the Taft Hartley obligation of paying the initiation fee of \$475.00 and monthly dues of \$41.00 (Plus dues check off when working).

Initiation and Dues are NOT taken out of your check

Failure to make any of these payments may result in termination of employment until payment is made.

Payment Schedule Due Dates:

- | | | |
|----|----------|--------------|
| 1. | \$ _____ | Due by _____ |
| 2. | \$ _____ | Due by _____ |
| 3. | \$ _____ | Due by _____ |

Total: \$ _____ (Dues billed through _____)

Monthly dues are \$41.00

Your right to continue employment and Union Membership depends upon timely payments of your financial obligation. Please mail payments to 2501 Commercial Drive, Anchorage, AK 99501. If you have any questions or concerns please call the office at 907-341-0341 or In-state toll free 1-800-478-3224.

Signature

Date



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PLEASE KEEP **LABORERS' LOCAL 341**

Now that you are employed with a union contractor, you should be aware of the following information. You are employed under a negotiated labor contract between your employer and Laborers' International Union of North America, Local 341. As such, you will begin accruing benefits as follows:

- **HEALTH INSURANCE PLAN** - Provides you and your family with quality health care that includes medical, dental, vision and hearing care, as well as an accidental death benefit. You must work 360 hours in a three-month period and have a one-month wait for your medical coverage to take effect. You will then have two months of coverage with hours in your hour bank. With 600 hours and a one-month wait, your dependents have medical coverage. With 1200 hours and a one-month wait, you and your covered dependents will also gain dental coverage. These coverages will stay in effect as long as there is not more than a 12-month break between Active Eligibility periods.

In addition to coverage that you will receive while working, any hours worked above 130 hours in each month are placed in a "bank" which can extend coverage during the winter months. The number of months of continued eligibility depends upon the number of hours you work, but you can bank up to 8 months of coverage.

A completed enrollment form is necessary for you and your family to be covered by these plans. If you are married, you must submit a marriage certificate and your children's birth certificates for all family members to have coverage under this plan.

- **LEGAL COVERAGE** - You and your family will be eligible for a legal benefit after you have worked at least 360 hours in a three-month period and have had a one month wait period. Eligibility continues as long as you work at least 130 hours each month. Legal Benefits of up to \$7500 per calendar year are available to you and your covered dependents. For more information on the Legal benefit, please contact the Trust Office.
- **PENSION** - Your employer will contribute to the Alaska Laborers' Retirement Fund. This means that you will have a monthly-lifetime benefit available to you at Retirement, if you meet the vesting requirement of 5 credited years of service. 250 hours in a Plan Year (July-June) is needed for a credited year.
- **TRAINING OPPORTUNITIES** - At no cost, each member of Local 341 has an opportunity to receive training and certifications in a variety of construction related fields. These include classes in: Traffic Site Supervisor, Hazardous Waste Removal, Asbestos Removal, Grade Checking, Pipelaying, and General Construction. Most of these classes are held during the winter months.

Please note: These benefits are 100% employer paid. The agreement between the Employer and the Union requires the Employer to pay into each Trust (Health, Legal, Pension and Training) Fund on all employees covered under the agreement.

JOEY MERRICK
BUSINESS MANAGER
SECRETARY-TREASURER

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Membership fees are as follows:

1. All persons are required to initiate and become members of the union. This requires the member to pay the following:

INITIATION FEE:	\$ 425.00
BUILDING ASSESSMENT:	\$ 50.00
MONTHLY DUES:	\$ 41.00
TOTAL DUE:	\$ 516.00

2. As a member, you are required to maintain your monthly dues of \$41.00.
3. Working dues of three per cent (3%) of gross pay are taken out of your paycheck. NONE of the fees listed above are taken out of your check. The working dues go toward running the main office.

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PHONE: 907-341-0341 FAX: 907-341-0342 Toll Free in Alaska 1-800-478-3224
E-Mail: info@local341.com Website: www.local341.com

NOTICE TO U.S. EMPLOYEES SUBJECT TO UNION SECURITY CLAUSES

Every employee working under a Laborers' collective bargaining agreement is entitled to hold membership in the Laborers' International Union of North America. Union membership is a valuable right. Only Union members are entitled to nominate or elect Union officers, to participate in approving or rejecting the terms of your collective bargaining agreement or voting on strikes, to attend Union membership meetings, to influence the Union's political and social programs and policies, or to enjoy many Union-only benefits. The greater the participation of all employees, the stronger the Union; the stronger the Union; the better the wages, benefits and working conditions the Union is able to secure.

As employees working under a Union security clause, you are required to pay dues or fees to the Union as a condition of employment. These funds are your fair share of sustaining the Union's collective bargaining activities and other programs that support you, your fellow Union members, and all working American families. However, an employee has the right to refrain from joining or remaining a member of the Union, provided that he or she makes uniformly required financial payments. A non-member has the right (1) to object to paying for Union activities not germane to collective bargaining, including contract administration and grievance adjustment, and to obtain a reduction in fees for such activities; (2) to receive sufficient information to decide whether to object; and (3) to be apprised of any internal Union procedures for filing objections. Non-members seeking to exercise these legal rights should contact their collective bargaining representative.

An employee who chooses to give up Union membership forfeits valuable rights.

We therefore strongly encourage all to protect the fruits of collective bargaining rights by remaining full Union members and becoming active in their Local and International Union by attending monthly union meetings, which are held the 2nd Monday of each month at 8:00 PM at the hall.