



# Pacific Northwest Regional Council of Carpenters

## EMPLOYMENT OPPORTUNITY CALLOUT SHEET

25120 Pacific Highway South • Suite 200 • Kent, Washington 98032

Phone: 253-945-8831 or 800-953-6444 • Fax: 253-945-8875

Email: [dispatch@nwcarpenters.org](mailto:dispatch@nwcarpenters.org)

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Job Site Name \_\_\_\_\_ Address \_\_\_\_\_

Employer under which Agreement \_\_\_\_\_ Travel and/or Per Diem YES [ ] NO [ ]

|           |               |                      |                |                |                |              |
|-----------|---------------|----------------------|----------------|----------------|----------------|--------------|
| CRAFT     | Carpenter [ ] | Interior Systems [ ] | Piledriver [ ] | Millwright [ ] | Shipwright [ ] | Scaffold [ ] |
| Other [ ] |               |                      |                |                |                |              |

Requested by \_\_\_\_\_ Phone \_\_\_\_\_ How many person(s) requested \_\_\_\_\_

| Name  | Member ID or last 4 of SSN | Journeyman | Apprentice | Utility/Tender |
|-------|----------------------------|------------|------------|----------------|
| _____ | _____                      | [ ]        | [ ]        | [ ]            |
| _____ | _____                      | [ ]        | [ ]        | [ ]            |
| _____ | _____                      | [ ]        | [ ]        | [ ]            |
| _____ | _____                      | [ ]        | [ ]        | [ ]            |
| _____ | _____                      | [ ]        | [ ]        | [ ]            |
| _____ | _____                      | [ ]        | [ ]        | [ ]            |

Email dispatch to \_\_\_\_\_ Bid date \_\_\_\_\_

|                    |
|--------------------|
| Expected Duration: |
| Report Date/Time:  |

|             |           |             |
|-------------|-----------|-------------|
| Private [ ] | State [ ] | Federal [ ] |
|-------------|-----------|-------------|

SHIFT Day [ ] Swing [ ] Report to \_\_\_\_\_  
*Name*

Bring the following tools \_\_\_\_\_ Report to \_\_\_\_\_  
*Phone Number*

Special skills needed \_\_\_\_\_

U/A or Drug Test Required? YES [ ] NO [ ] Orientation Required? YES [ ] NO [ ] \_\_\_\_\_  
*Contact Person*

Do we need to contact the employee? YES [ ] NO [ ]

Type of Work \_\_\_\_\_

Notes or other special requests \_\_\_\_\_