



IBEW Local 159
CONTRACTOR REQUEST FOR WORKFORCE
Per Job Location

Fax Request To: 608-255-3014

DATE _____ TIME _____ AM _____ PM _____

CONTRACTOR NAME _____

ADDRESS _____

PHONE () _____ FAX () _____

NUMBER NEEDED:

JOURNEYWORKER INSIDE Qty: _____

WI Licensed Required: Masters _____ JIW _____ Registered _____

APPRENTICES Qty: _____

CE Qty _____ LEVEL _____ CW Qty _____ LEVEL _____

JOURNEYWORKER RESIDENTIAL Qty: _____

VOICE DATA TECHNICIAN Qty: _____

VOICE DATA APPRENTICE Qty: _____

INSTALLER TRAINEE Qty: _____ LEVEL _____

DATE NEEDED _____ REPORT TO SHOP _____ OR JOBSITE _____

SHOP ADDRESS _____

JOBSITE ADDRESS _____

CONTACT PERSON: _____

THIS REQUEST IS FOR: Long Call _____ Medium Call _____ Short Call _____
(1-3 Months)

DOES THIS REFERRAL REQUIRE ANY SPECIAL SKILLS? NO _____ YES _____

PLEASE SPECIFY _____