



The New Hire Orientation Packet

www.beesteelinc.com



Workplace Conduct Policy

Policy Statement

Bee Steel is committed to providing a healthy and safe working environment. Bee Steel believes that its employees, customers and subcontractors should live and work in an environment free from harassment. Bee Steel prohibits discrimination in employment on the basis of gender, race, color, national origin, religion, creed, age, disability, marital or family status, sexual orientation, veteran status, gender identity or any characteristic that is legally protected under applicable local, state or federal law. Bee Steel Workplace Conduct Policy prohibits harassment and explicitly harassment including sexual harassment, as a prohibited form of discrimination. This policy applies to all work locations including offices, work sites, vehicles and field offices.

Prohibited Workplace Behaviors

Bee Steel does not tolerate inappropriate workplace behaviors, whether they are physical acts and gestures, verbal comments or written statements. This includes behaviors that are direct or through the use of company facilities, property, field sites or resources provided by the corporation. The prohibited behaviors include acts that are:

- Violent or threatens violence
- Sexually harasses or intimidates others, including stalking
- Allows, encourages or participates in horseplay, including "cursing"
- Discriminates against or could be construed as discrimination
- Involves alcohol, drugs or firearms on Bee Steel or customer property
- Interferes with an individual's legal rights of movement or expression
- Disrupts the workplace

Individuals who engage in prohibited workplace behavior may be removed from the premises, and may be subject to dismissal or other disciplinary action, arrest and/or criminal prosecution.

Reporting Requirements

All prohibited behaviors in this Workplace Conduct Policy must be reported immediately. Incidents may be reported in confidence to a supervisor or to the Bee Steel Corporate Safety Manager 616.363.6694. Supervisors receiving complaint must report them to the Corporate Safety Manager. Physical threats will be reported to the appropriate law enforcement agency.

Complaints reported will be investigated. All investigations will be documented and findings will be used to resolve the complaint, provide advice and address specific concerns.

Retaliation and False Complaints

This policy prohibits threats or other forms of intimidation, or retaliation of any kind against a person who reports a harassment problem or discriminates against a person who cooperates with a harassment investigation. Any such conduct will itself constitute a violation of this policy and may subject the offender to disciplinary action.

I have read and understand the above Workplace Conduct Policy.

Signature:

Date:

Printed Name:

Company Name: **Bee Steel Inc.**

These rules apply while on company time, payroll and/or on company or clients property.

Violations will result in the following disciplinary actions:

CLASS A VIOLATIONS

- First Offense** – Removal from all Bee Steel job-sites for 7 consecutive calendar days, with no layoff.
Second Offense – Removal from all Bee Steel job-sites for 180 consecutive calendar days, with no layoff.
Third Offense – Permanent termination from all Bee Steel job-sites, with layoff.

1. Riding the headache ball or load
2. Working at or above 6' without fall protection including but not limited to : the edge of pits or platforms, on ladders, climbing out of an aerial lift.
3. Removing another person's lockout or failure to use proper lockout procedure.
4. Entering a confined space without proper air testing or required permits.
5. Riding on the forks of a forklift or any equipment / truck not provided with a seat designed for passenger use.
6. Working under suspended load without blocking.
7. Entering an excavation without proper sloping or shoring or without daily inspection by Bee Steel Excavation Competent Person.
8. Attempting to work while under the influence of alcohol, drugs, or both.
9. Other actions that create an imminent danger situation.

CLASS B VIOLATIONS

- First Offense** – Documented Verbal Warning.
Second Offense – Written Warning.
Third Offense – Written Warning with 7 consecutive days off from all Bee Steel job-sites, with no layoff.
Fourth Offense – Final Written Warning with 180 consecutive days off from all Bee Steel job-sites with no layoff.

1. Working or traveling in any type of aerial lift without a full body harness and / or not being tied off.
2. Use of a power tool without proper guards, secondary handles, or any other required safety device.
3. Using an electrical extension cord with the ground prong missing.
4. Welding or cutting without a fire watch, a fire extinguisher, or a hot work permit when required.
5. Transporting tools or materials in your hands while climbing up or down a ladder.
6. Failure to use a GFCI while using electrical powered hand tools.
7. Failure to perform pre-operational inspection of equipment.
8. Operating damaged or defective equipment that is not in proper working order.
9. Ignoring or removing red "DANGER" barricade tape.
10. Failure to use required, task-specific Personal Protective Equipment.
11. Smoking in any area not specifically designated as a smoking area.
12. Failure to comply with OSHA and / or ANSI rigging standards.
13. Failure to promptly inform supervision of an incident, injury, or near hit.
14. Improper use or set-up of ladders.
15. Tampering with safety devices such as: governors, back-up or motion alarms, beacons, etc.
16. Performing work without a Pre-Task Plan specific to the Scope of Work or working outside the scope of the PTP.
17. Other commonly recognized safety violation.

I have read and understand these safety rules and disciplinary action.

Signature:

Date:

Printed Name:

Company Name:

Employee Name: _____	Date: _____	Job# _____
Supervisors Name: _____		
Project Location: _____	Company: _____	

REASONS FOR THE VIOLATION

CLASS A VIOLATIONS

- First Offense** – Removal from all Bee Steel job-sites for 7 days.
Second Offense – Removal from all Bee Steel job-sites for 180 days.
Third Offense – Permanent termination from all Bee Steel sites.
- ☐ 1. Riding the headache ball or load
 - ☐ 2. Working at or above 6' without fall protection including but not limited to: the edge of pits or platforms, on ladders, climbing out of an aerial lift.
 - ☐ 3. Removing another person's lockout or failure to use proper lockout procedure.
 - ☐ 4. Entering a confined space without proper air testing or required permits.
 - ☐ 5. Riding on the forks of a forklift or any equipment / truck not provided with a seat designed for passenger use.
 - ☐ 6. Working under suspended load without blocking.
 - ☐ 7. Entering an excavation without proper sloping or shoring or without daily inspection by Bee Steel Excavation Competent Person.
 - ☐ 8. Attempting to work while under the influence of alcohol, drugs, or both.
 - ☐ 9. Other

CLASS B VIOLATIONS

- First Offense** – Documented Verbal Warning.
Second Offense – Written Warning.
Third Offense – Written Warning with 7 consecutive days off.
Fourth Offense – Final Written Warning with 180 days off.

- ☐ 1. Working or traveling in any type of aerial lift without a full body harness and / or not being tied off.
- ☐ 2. Use of a power tool without proper guards, secondary handles, or any other required safety device.
- ☐ 3. Using an electrical extension cord with the ground prong missing.
- ☐ 4. Welding or cutting without a fire watch, a fire extinguisher, or a hot work permit when required.
- ☐ 5. Transporting tools or materials in your hands while climbing up or down a ladder.
- ☐ 6. Failure to use a GFCI while using electrical powered hand tools.
- ☐ 7. Failure to perform pre-operational inspection of equipment.
- ☐ 8. Operating damaged or defective equipment that is not in proper working order.
- ☐ 9. Ignoring or removing red "DANGER" barricade tape.
- ☐ 10. Failure to use required, task-specific Personal Protective Equipment.
- ☐ 11. Smoking in any area not specifically designated as a smoking area.
- ☐ 12. Failure to comply with OSHA and / or ANSI rigging standards.
- ☐ 13. Failure to promptly inform supervision of an incident, injury, or near hit.
- ☐ 14. Improper use or set-up of ladders.
- ☐ 15. Tampering with safety devices such as: governors, back-up or motion alarms, beacons, etc.
- ☐ 16. Performing work without a Pre-Task Plan specific to the Scope of Work or working outside the scope of the PTP.
- ☐ 17. Other

Date of Previous Violation: _____
 (Contact Payroll Department)

Description: _____

Employee Comments: _____

My signature hereupon does not necessarily signify my agreement with the above but attests that I have read and understand the serious nature of this report. A repetition of above violation(s) or violation(s) of a similar nature may result in more serious corrective action and/or termination of employment.

Employee Signature: _____

Supervisor Signature: _____

ALL INJURIES MUST BE REPORTED TO SUPERVISOR IMMEDIATELY

The sooner supervision knows, the quicker you will receive treatment.

Be sure to let more than just your Union Steward know.

Contact supervision in order:

Foreman:

Safety Coordinator/PM: John Dobrowolski

Phone #: 616-437-7343

Safety Coordinator/PM: Paul Vandermeer

Phone #: 616-893-3275

Program Manager: Kraig Kloostra

Phone #: 616-363-6694

■ **What is an “Incident”?**

- Injury
 - First Aid
 - Medical (Clinic) Treatment
 - Emergency Treatment
 - Report Only
 - Illness
 - Near Hit
 - Theft
 - Workplace Violence
 - Harassment
 - Property Damage
 - Vehicle Incidents
- If you need to go to a clinic or hospital, your supervisor will take you there. Under **NO** circumstances should you drive your self for medical treatment.
- The person administering First-Aid **MUST** stay with the injured person at all times until they are in the care of medical professional.
- **If you are unable to contact someone you MUST keep trying until you reach someone.**

Near Miss Report Form

People Involved:

Occupations:

Site:

Job / Activity:

NEAR MISS DETAILS

Date of Near Miss:

Time:

Location of Near Miss:

NEAR MISS CIRCUMSTANCES

Description of Events:

Machinery / Equipment Involved:

Corrective Action Taken:

DAMAGE DETAILS

Any Equipment,
Property or
Other Damage:

WITNESS DETAILS

Were there any witnesses to the near miss?

YES

NO

Have witness statements been obtained from all witnesses?

Please provide names and contact details of all witnesses:

REPORTED BY

Name:

Signature:

Date:



Accident or Illness Investigation Report

Date of Accident or Illness:

Time of Day:

Date Reported:

Location:

Person Involved: ☐ Employee ☐ Contractor ☐ Temporary ☐ Visitor

Position Title:

Date Employed:

Manager or Supervisor:

Witness #1:

Witness #2:

Description of the Injury or Illness:

Description of Activity and Events at the Time of the Accident:

Accident Resulted in: ☐ Injury ☐ Illness ☐ Medical Clinic Treatment ☐ Property Damage
☐ Lost Time ☐ First Aid ☐ No Injury / Illness

Immediate Corrective Action Taken:

Investigated By: ☐ John Dobrowolski ☐ Paul Vandermeer **Title:** ☐ Safety Coordinator ☐ On-Site Safety Rep

Date:



Safety Orientation Acknowledgment

I have reviewed and understand the Bee Steel Inc. Job-Site Safety Policy and received instruction in the job-site safety organization. I am aware of the safety rules, drug testing program, pre-task hazard analysis, toolbox talks, incident/injury reporting procedure, general safety requirements, and specific safety requirements including but not limited to the following:

Hazard Communication

- ☐ I am aware I may review the company's Hazardous Communication Program, copies of the Hazardous Material/ Chemical list, and Safety Data Sheets (SDS).
- ☐ I am aware that all containers of chemicals/hazardous materials must be properly labels
- ☐ I have been instructed in (print site name) Environmental Policy

and am aware of the proper disposal procedures in the plant as well as emergency response requirements in the event of a chemical spill or other emergency. I am ware that special precautions and protective equipment may be required when I am working with or around chemicals & hazardous materials. I will follow my supervisor's instructions and/or the manufacturer's recommendations as they appear on all labels and SDS's.

Power/Energy Control

- ☐ I have received instruction in the Commercial Contracting Corporation Power/Energy Control Training and have received my own copy of the Lockout/ Tagout Procedure. I also understand that any violation of the Lockout/Tagout procedure will result in disciplinary action, up to and including immediate termination.

Fall Protection

- ☐ I have received instruction in the Bee Steel Inc. Fall Prevention & Protection and understand that any violation of the 100% fall prevention protection plan will result in disciplinary action up to & including immediate termination.

Cut-Off Grinder Safety Instruction

- ☐ I have received specific safety care & use instruction for cut-off grinders (Metabo, Hilti,etc). I understand the many safety hazards inherent to this particular tool and will follow all safety rules & procedures presented during orientation.
- ☐ All employees are expected to conduct themselves in a professional, businesslike manner at all time, to respect their fellow employees and their supervisors, and to act within the bounds of our social customs and laws.

I have read and understand the above Safety Orientation Acknowledgment.

Signature:

Date:

Printed Name:

Company Name:

Trainers Signature:

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div><div>• You're single and have only one job; or</div><div>• You're married, have only one job, and your spouse doesn't work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
For accuracy, complete all worksheets that apply. <div><div>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>			

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Employee Direct Deposit Authorization Agreement

I hereby authorize my employer Bee Steel, Inc. and FlexChecks, Inc., to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated below. Further, I authorize BANK to accept and to credit my credit entries indicated by COMPANY or into my account, I authorize COMPANY or FlexChecks, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

Company Name (please print):

Employee Name (please print):

SS#

☐ Begin Deposit

☐ Change Information

☐ Cancel

Bank:

City:

State:

You may designate as many accounts as needed:

☐ **Checking** (attach void check, bank letter, or specification sheet)

I wish to deposit (check one)

☐ \$ _____ .00

☐ _____ % Net

☐ Entire net pay

I wish to deposit (check one)

☐ \$ _____ .00

☐ _____ % Net

☐ Entire net pay

☐ **Savings** (attach bank letter or specification sheet)

I wish to deposit (check one)

☐ \$ _____ .00

☐ _____ % Net

☐ Entire net pay

I wish to deposit (check one)

☐ \$ _____ .00

☐ _____ % Net

☐ Entire net pay

This authorization is to remain in full force and effect until COMPANY and/or BANK have received written notice from me of its termination in such manner as to afford COMPANY and BANK reasonable opportunity to notice from me of its termination in such manner as to afford COMPANY and BANK reasonable opportunity to act on it. I agree that if funds are inadvertently deposited into my account in error, it is my responsibility to repay these funds either by direct debit by my employer or by certified funds.

Employee Signature:

Date:

Attach Voided Check Here

EMPLOYER USE:

☐ Please pre-note with next payroll

☐ Please pre-note prior to next payroll (\$8.00 fee)

Authorized Signature:

Date:



Pay Card Enrollment Form

INSTRUCTIONS TO EMPLOYEE

1. Complete all the information below
2. Return completed form to the Payroll Department.

Your enrollment form will be processed and your PayCard will be mailed to the address provided. Your Personal Identification Number (PIN) will arrive approximately 2 days after your card.

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone Number (including area code): () _____

Social Security Number: _____ **D.O.B:** _____

First use of card constitutes agreement to the terms and conditions of the Cardholder Agreement that is provided with your PayCard, as well as to the fees at the bottom of this form.

Federal Law, Including the USA Patriot Act, requires us to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents. The information is completely confidential and will not be damaged or used without your permission unless required by law.

☐ I wish to deposit \$ _____ .00 per pay period or ☐ Deposit Entire Net Pay

Signature: _____ **Date:** _____

INSTRUCTIONS TO EMPLOYER

1. Please fax this form to Bee Steel, Inc.
Employer Telephone Number 616-363-6694

Attention: Payroll Manager _____

INTERNAL USE ONLY: Routing/ Transit Number: 091000022

PayCard Account Number: 5108430590

Transaction Fees:

Service	Fee	Items Covered
Free Services	\$0	Purchases and cash back at POS, internet statements and balance inquiries, transaction inquiries, customer service.
Electronic Transactions	\$0.50	ATM inquiries and declines, balances or transfers using the automated phone system, internet transfers, electronic transfers from your account to your card.
ATM Withdrawal	\$1.50	Domestic ATM withdrawals. No additional surcharge at MoneyPass ATMs.
Live Operator	\$2.00	Balance inquiries and transfers.
Optional Transactions	\$4.00	International ATM withdrawals, branch cash advances, replacement cards, paper statements, check issuance, account dormancy.

APPLICATION FOR PROBATIONARY MEMBERSHIP
In the INTERNATIONAL ASSOCIATION OF BRIDGE,
STRUCTURAL, ORNAMENTAL AND REINFORCING IRON WORKERS, Affiliated with A.F.L.-C.I.O.
(Please print or type)

Date _____

9 Initiation

9 Reinstatement

Local Union No. _____ City _____ State/Province _____

Name of Applicant _____
FIRST MIDDLE LAST

Permanent Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone No. () _____

Date of Birth _____ Social Security/Insurance No. _____

I, the undersigned, agree that, should it hereafter be discovered that I have made any misstatements as to my qualifications for probationary membership in the Association, or that I obtained probationary membership through fraud, false statements or otherwise, I will be debarred from all rights and benefits provided by this Association.

I hereby designate the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers to act (through a Local Union or otherwise) as my sole agent and representative in all collective bargaining and other negotiations affecting me or other probationary members of the above-named Union, whether under the operation of the National Labor Relations Act or otherwise; or in the Dominion of Canada the applicable Federal or Provincial Laws.

I hereby agree that if I fail to pay dues and/or assessments within six (6) months of the date when same are due and payable, my probationary membership in this Association shall automatically be forfeited.

Participation in this program does not guarantee admittance to a Local Union Apprenticeship Program or membership in a Local Union or the International Association. Status as a probationary member is valid only for a period of one (1) year.

I hereby solemnly and sincerely pledge my honor that I will, without equivocation or evasion, and to the best of my ability, abide by the Constitution and By-Laws, and the particular scale of wages adopted by it; that I will abide by the will of the majority; that I will at all times, by all honorable means within my power, procure employment for members of this Union; and that I will at all times be respectful in word and action to every person, and be considerate of widows, widowers, orphans, and the weak and defenseless; and that I will not knowingly wrong a member of this Union or see one wronged if it is in my power to prevent the same.

I have read and agree to abide by the terms and conditions as contained in the Standards of Excellence. Initial here ()

This application must be completely filled out. Failure to do so or any falsification of information will void the application or in the event probationary membership is granted will be cause for cancellation thereof.

Date _____ Applicant=s Signature _____
Applicant must sign here

Effective date of probationary membership will correspond with the first month's dues payment. The Local Union must record date of payment of the first month=s dues below.

Date Dues Paid _____ Amount Paid _____

Effective date of probationary membership _____

Signature of Business Manager or International Representative

**IRON WORKERS PROBATIONARY MEMBER PROGRAM
ADOPTED BY ACTION OF THE GENERAL EXECUTIVE BOARD
OF THE INTERNATIONAL ASSOCIATION OF
BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING
IRON WORKERS**

ARTICLE I - PURPOSE

The purpose of this probationary member program is to provide rules for affiliated outside local unions of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, for establishing a sanctioned probationary member program. This program will be for the employment and training of Ironworker probationary members (non-journeyman and non-apprentice) to participate in related and on-the-job training, leading to being slotted in the Local Union Apprenticeship Program or being advanced to the appropriate journeyman classification.

ARTICLE II - MEMBERSHIP

1. All probationary members must pay monthly dues at the Apprentice dues rate in order to maintain membership. All applicants for probationary membership shall pay no less than one (1) months' dues at time of application. The initiation and/or reinstatement fee shall be deferred until said applicant is accepted into the Local Union Apprenticeship Program or is advanced to the appropriate journeyman classification. Each applicant will be furnished a membership card reflecting probationary member classification and membership number from this International Association.
2. Probationary members shall be allowed to attend Local Union membership meetings, but will have no voice or vote in any Local Union matters.
3. Participation in this program does not guarantee admittance to a Local Union Apprenticeship Program or Journeyman membership in a Local Union of the International Association.

ARTICLE III - ENTRANCE QUALIFICATIONS

To be eligible for the probationary member program under these rules, an applicant must be:

1. At least eighteen (18) years of age.
2. Have an interest in the craft.
3. Able to read and comprehend typical construction safety signs and must be able to complete the requirements of related training.

ARTICLE IV - EQUAL EMPLOYMENT

The recruitment, selection, employment and training of applicants, during their training as probationary members, shall be without discrimination because of race, color, religion, national origin, or sex. The sponsors will take affirmative action to provide equal opportunity in the probationary member program and will operate the program as required under Title 29 CFR Part 5 Federal and State Laws and regulations governing equal employment opportunity and parallel to Title 29 CFR Part 30 as well as Executive Order 11246.

ARTICLE V - CLASSIFICATION

1. Probationary member applicants shall be fairly classified with respect to previous work experience and applicable skills and knowledge. This will, however, in no way restrict organizing or recruitment of new members into the Local Union.
2. The probationary member classification shall be assigned to those individuals who meet the basic entrance qualifications. All individuals enrolled as probationary members under this program shall be evaluated by the Business Manager to determine their level of skill and the wage scale to which they are entitled in accordance with the terms and condition of this probationary member program. Each probationary member shall be paid a starting rate of not less than the beginning apprenticeship rate.
3. Within the first six (6) month period, all probationary members shall be evaluated by the Business Manager in conjunction with the Local Examining Committee for referral to the Local Union's Apprenticeship Committee for placement in the Apprenticeship Program or elevated to journeyman status. No probationary member shall remain in the program for more than one (1) year without having been placed in the Apprenticeship Program, elevated to journeyman status or dropped from the program. Contractors or Organizers may make recommendations to the Business Manager in conjunction with the Local Examining Committee regarding the appropriate placement of a probationary member.

ARTICLE VI - REQUIREMENTS

1. All probationary members shall be required to take the OSHA 10 hour course.
2. All probationary members shall be required to attend an orientation which will cover referral rules, fringe benefit plans and expectations of the probationary member, including obligations to the union.
3. A probationary member may be dropped from the program at any time for not meeting the requirements of the program or employer qualifications. All such decisions will be made by the Business Manager in conjunction with the Local Examining Committee. The Local Union is required to send written notification to the General Secretary's office when a probationary member is dropped from the program.

ARTICLE VII - WORKING HOURS

Probationary members will be allowed to be placed on all jobs covered by the Local Union Collective Bargaining Agreement except that under no circumstances shall any probationary member be allowed to work on a prevailing wage rate job unless they receive the journeyman's wage rate as specified in the Local Union Collective Bargaining Agreement.

ARTICLE VIII – CANADIAN LAW

This program, when applied in Canada, shall comply with all Canadian and Provincial laws.

Signature of Probationary Member

Signature of Business Manager

One copy to Probationary Member
One copy to Local Union

IRONWORKERS'

Standards of Excellence



The purpose of the Ironworkers' Standards of Excellence is to reinforce the pride of every Ironworker and our commitment to be the most skilled, most productive and safest craft in the Building Trades.

As Union Ironworkers, we pledge ourselves to uphold our word, as given through our Collective Bargaining Agreement, and display the professionalism expected of our trade and Union in all aspects of our employment as exemplified by the values engrained in our Standards of Excellence.

It is a commitment to use our training and skills, each and every day, to produce the highest quality work worthy of our name and consistent with the collective bargaining agreement.

As an Iron Worker member, I agree to:

1. Adhere to my responsibilities under the Collective Bargaining Agreement for start and quit times, as well as lunch and break times.
2. Allow my Representatives to handle any disagreements or breaches by refusing to engage in unlawful job disruptions, slowdowns or any activities that affect our good name.
3. Respect the Customer's and Employer's rights, property and tools as I do my own.
4. Meet my responsibility to show up every day; outfitted for work and fit for duty without engaging in substance abuse.
5. Cooperate with the Customer and Employer to meet their statutory, regulatory and contractual responsibilities to maintain a safe, healthy and sanitary workplace.
6. Do my best to work in a manner consistent with the quality, productivity and safety of every task that I am assigned.
7. Do my best to help every co-worker return home safe at the conclusion of every shift.

The Ironworkers' Standards of Excellence will increase the pride, the productivity and the craftsmanship of every Ironworker throughout North America. This commitment will improve work place conditions, increase work opportunities, and help maintain our wages, benefits and standard of living. In addition, the Standards of Excellence will help our signatory employers complete their projects on time, on budget with no injuries or accidents.

In accordance with Article XXVI of the International Constitution, charges may be preferred against any member for violations of the Ironworkers' Standard of Excellence, including but not limited to the following reasons:

- Taking a job referral and not reporting to work.
- Failing pre-employment qualifications.
- Discharged for excessive absenteeism.

Fines for the first offense shall be no less than \$100.00 or no more than one (1) day's pay including fringe benefits and working assessments.

I acknowledge this responsibility and pledge my word to do the same.

Signature

Social Security / Insurance Number

Date

SECTION 1: WORKING DUES ASSESSMENTS AUTHORIZATION

I hereby assign to Local 25, International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, AFL-CIO from the vested contributions made by my employer(s) to Iron Workers Local 25 Vacation Fund the sum as set forth in Article II, Paragraphs (C) and (D) of the Iron Workers Local 25 By-Laws. This is in accordance with the International Constitution of Bridge, Structural, Ornamental and Reinforcing Iron Workers.

Print Name: _____ Soc. Sec. No. _____

Date of Birth: _____ (MM/DD/YY)

Address:

Street: _____ City: _____ State: _____

Zip Code: _____ Book No.: _____ Home Local: _____

In order to comply with the Affirmative Action policy of the DOL we ask that you provide us with the following information. *Your voluntary cooperation is appreciated.*

_____ African American

_____ Caucasian (Other)

_____ American Indian/Alaskan Native

_____ Hispanic

_____ Asian/Pacific Islander

➔ Signature: _____ Date Signed: _____

SECTION 2: TARGETING FUND ASSESSMENTS AUTHORIZATION

I hereby assign to Local 25, International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, AFL-CIO from the vested contributions made by my employer(s) to Iron Workers Local 25 Vacation Fund the sum as set forth in Article XIV, Paragraph (G) of the Iron Workers Local 25 By-Laws. These contributions will be used for maintaining and promoting any type of work within the realm of the Organized Iron Working industry within the jurisdiction of Iron Workers Local 25 as per Article XIV (Organizing) Local 25 By-Laws.

Print Name: _____ Soc. Sec. No. _____

➔ Signature: _____ Date Signed: _____

LOCAL 25 PAC ASSIGNMENTS AND AUTHORIZATION
STATE:

I hereby assign to the Local 25 Political Action Committee (Local 25 PAC) from the vested weekly contributions made by my employer(s) to Iron Workers Local 25 Vacation Fund the sum of seven (7) cents per hour for each hour worked as a contribution to the Local 25 PAC. I authorize you to deduct such amount from said Vacation Fund contributions when vacation pay is paid and to remit that amount to Local 25 PAC. This assignment and authorization is signed voluntarily and on the understanding that Local 25 PAC uses the monies contributed to make political contributions and expenditure in connection with state and local elections. **This consent is valid for calendar year 2016.**

Member #: _____ SS# _____

Full Name: _____
LAST (PLEASE PRINT) FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

COUNTY OF RESIDENCE: _____ Home Phone: _____

Mobile: _____ Emergency Phone: _____

E-Mail (PRINT CLEARLY) _____

Signature: _____ Date: _____

Affirmative Consent to Political Contribution

Section 55(6) of the Michigan Campaign Finance Act provides that a corporation, a joint stock company, a domestic dependent sovereign, or a labor organization "may solicit or obtain contributions for a separate segregated fund established on an automatic basis, including but not limited to a payroll deduction plan, only if the individual who is contributing to the fund affirmatively consents to the contribution at least once in every calendar year."

IPAL ASSIGNMENTS AND AUTHORIZATION
FEDERAL:

I hereby assign to the Iron Workers Political Action League (IPAL) from the vested contributions made by my employer(s) to Iron Workers Local 25 Vacation Fund the sum of three (3) cents per hour worked as a contribution to IPAL. I authorize you to deduct such amount from said Vacation Fund contributions and to remit that amount to IPAL. This assignment and authorization is signed voluntarily and on the understanding that IPAL uses the monies contributed to make political contributions and expenditures in connection with federal elections. This assignment and authorization revokes and replaces any prior assignments and authorizations by me to IPAL.

Name: _____
LAST (PLEASE PRINT) FIRST MIDDLE

Social Security # _____ Phone: _____

Signature: _____ Date: _____



Iron Workers Local Union No. 25

INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,
ORNAMENTAL, AND REINFORCING IRON WORKERS

25150 Trans X Drive • P.O. Box 965 • Novi, Michigan 48376-0965

Phone: (248) 344-9494 Fax: (248) 344-4851

office@ironworkers25.org



Dear Probationary Member: **PLEASE READ...**

During the course of your probationary membership we need you to be aware of the following information and procedures. We are making every effort to ensure a smooth transition leading to an opening in the Apprenticeship Program or being advanced to the appropriate journeyman classification.

- 1) It is imperative for you to maintain contact with a Business Agent who must be kept aware of whom you are working for. During your probationary status you are NOT allowed to change your Contractor employer or move from job to job without the knowledge and consent of a Business Agent.
- 2) You may attend Local Union informational meetings but will have no voice or vote. Meetings are "generally" held on the 2nd and/or last Monday of the month at the Novi Hall 7:00 pm. Please call the Novi Hall to confirm meeting dates before traveling. Dues must be paid to current month, and a valid dues receipt must be shown to gain entry to the meeting.
- 3) Those individuals considered to be an eligible applicant (pre-apprentice and waitlisted) at the Training Center, are required to take a MUST drug screen and complete 18 safety modules. This is mandatory to maintain your status and current employment. All other probationary individuals may be required to take the MUST drug screen and complete 18 safety modules. This will be job site specific and is advised under the direction of the Business Agent.
- 4) Those probationary members who are required to attend school must immediately apply and pass all eligibility requirements to continue to work. Once eligibility is determined you will remain on the list until you are called for a class. Probationary members will be allowed to work only if there is full employment of all Apprentices.
- 5) All probationary members must pay monthly dues at the IW Apprentice dues rate (\$ 34.50), or Fence Apprentice (\$20.30) in order to maintain membership. All dues need to be paid for one month at a time, pay for in person at the Novi Hall, are due by the first of the month, and is your responsibility to be sure they are paid. Dues CANNOT be paid for in advance because we cannot refund dues in the event you are not working.
- 6) *Continuous payment of dues is required. No reminder will be sent to you. Failure to pay dues after 6 months will cause your membership to suspend.*

**Dues are to be paid in person at the Novi Hall:
25150 Trans X Rd. Novi, MI 48375
248-344-9494**

Hours: 7:00 am until 3:00 pm (Mon-Fri)
6:00 pm until 8:00 pm (meeting nights only)

M.U.S.T. SAFETY TRAINING

Using Internet Explorer or Mozilla Firefox
Recommended is ... Internet Explorer 7.0/FireFox 1.5 - JavaScript Enabled

Web address: www.mustonline.org

Click the orange box labeled:

CHECK YOUR Drug
Testing & Safety Training
Status Here

Your username is your Social#
And your Password is the first 4 digits of your Soc#
(do not use dashes or spaces)

Member Login

Username:

Password:

Once you successfully log in, you will see:

Welcome 'your name'

Testing

[View a Safety Module](#)

Click on 'View a Safety Module' to start your testing. There are 18 mods to complete altogether.

NOTE: at the Welcome screen is where you can check your Report Card and DRUG TEST too.

Reports/Functions

[Employee Report Card](#)

Eligible Safety Modules:

Select module to view . . . (below is a list of the mods available)

[Aerial Lifts](#)

[Concrete and Masonry](#)

[Confined Space Hazards](#)

[Construction Worker Orientation \(OSHA\)](#)

[Crane Safety](#)

[Electrical Safety/Lockout-Tagout](#)

[Fall Protection](#)

[Fire Protection and Prevention](#)

[Hand and Power Tool Safety](#)

[Hazard Communication](#)

[Health Hazards in Construction](#)

[Ladder Safety](#)

[Material Handling](#)

[Personal Protective Equipment](#)

[Rigging](#)

[Scaffolding](#)

[Trenching and Excavation](#)

[Welding](#)