



To apply for participation in the Referral Union Program, you must:

- Complete, sign and return this application, and
- Attach a copy of your dispatch rules and other requested documents.

If the dispatch rules for your apprentices are different than for other members, attach copies of both.

If you have questions about this application or the Referral Union Program, email [systempolicy@esd.wa.gov](mailto:systempolicy@esd.wa.gov).

### Union Information

Union name: \_\_\_\_\_

Local Union #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Does your union prohibit members from seeking work in the industry on their own? ☐ Yes ☐ No

If yes:

With your application, include a copy of the documents that support this restriction. This may be specific sections of your constitution, bylaws, or working rules.

If no:

In the most recent calendar year, how many members who were eligible for dispatch or referral:

a. Found a job in the industry (with or without dispatch or referral)? \_\_\_\_\_

b. Had the job they found dispatched or referred by your union? \_\_\_\_\_

2. What occupations (primary skill titles) are included in your referral or dispatch process?

\_\_\_\_\_

3. What area does your union cover? (example: city, county, state)?

\_\_\_\_\_

4. Does your union have a hiring hall or dispatch facility? ☐ Yes ☐ No

If yes, and if it is at a different facility than your mailing address, what is the address of the hiring hall?

\_\_\_\_\_

What are the days and hours of operation? \_\_\_\_\_

5. Other than your main hiring hall, do you have any other dispatch offices? ☐ Yes ☐ No

If yes, where are they?

\_\_\_\_\_

6. Is there anything else you think we should know about your union? (example, rules, regulations, etc. - attach a separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Designated contact person for the Referral Union Program:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Extension: \_\_\_\_\_

### Agreement of the Union

When approved for the Referral Union Program, the union agrees to:

- a. Renew membership in the program every five years or as requested; and
- b. When requested:
  - Verify if a person is a member of the union, eligible for dispatch or referral, and complying with union dispatch and referral rules, and
  - Provide us other records that will help us decide if an individual is available for work and actively seeking work, if disclosure of this information does not violate state or federal law; and
- c. Advise members that:
  - Their eligibility for unemployment benefits may be affected if they:
    - Are not available for suitable work, or
    - Refuse dispatch or referral to suitable work, even if union rules permit this refusal; and
  - The union will provide information to us about availability and refusal of suitable work when requested; and
- d. Notify us within thirty days of any changes in:
  - Address, telephone number, or designated contact person, and
  - Dispatch eligibility requirements.
    - Participation in the referral union program will be subject to reapproval based on the revised dispatch requirements.
    - Send us a copy within thirty days after changes are made.

The application must be signed by the union Business Manager, President, or other designated officer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to us by:

Email: [systempolicy@esd.wa.gov](mailto:systempolicy@esd.wa.gov), attention: Referral Union Program

Mail: Referral Union Program-ESAP

P.O. Box 9046

Olympia, WA 98507-9046.

Fax: 866-491-4790

Include: Completed and signed application  
Copy of your union's dispatch rules  
Other documents as requested

Thank you for providing this information. If we need more information, we will contact you.