



To participate in the department’s Referral Union Program, you must:

- Complete, sign and return this application, and
- Attach a copy of your dispatch rules. If the dispatch rules for your apprentices are different than for other members, attach copies of both.

Is my union eligible to participate in the department’s Referral Union Program?

To be eligible for participation in the Referral Union Program, you must answer YES to one of the following questions:

1. Does your constitution, bylaws, or working rules prohibit your members from seeking work in the industry on their own? Yes No

OR

2. During the most recent calendar year, did at least half of the members eligible for dispatch who became employed, get their job through dispatch by your union? Yes No

Required Union Information

Union name: _____

Local Union #: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone#: _____ Fax: _____

Designated Contact Person:

Name: _____ Title: _____

Email: _____

Telephone number: _____ Extension: _____

Other Information

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

2. What is your union’s geographical jurisdiction (by city or county)?

3. Does your union maintain 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 day and hours of operation? _____

4. Do you have any dispatch offices other than your main hiring hall (including outlying areas)? Yes No

If yes, where are they?

5. Please provide any additional information you believe is pertinent to your application (attach a separate sheet if necessary):
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Agreement of the Union

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

By signing this application, the union agrees to:

- a. When requested, tell the department whether a person is a member of the union, eligible for dispatch or referral, and complying with union dispatch and referral rules;
- b. Advise its members that their eligibility for unemployment benefits may be affected if there are not available suitable work as defined by RCW 50.20.100 or RCW 50.20.110 and that, when requested, any failure to do so will be reported to the department;
- c. Advise its members that any refusal of dispatch or referral by the union to suitable work may affect the claimant's eligibility for unemployment benefits and, when requested, will be reported to the department, even if refusal is permitted under union rules; and
- d. When requested, provide the department other records that will help the department decide if an individual is available for work and actively seeking work, as long as disclosure of this information does not violate state or federal law.

Name: _____ Title: _____

Signature: _____ Date: _____

Return the completed application and copy of your dispatch rules to: Referral Union Program-ESAP
P.O. Box 9046
Olympia, WA 98507-9046.

You can also email your application and dispatch rules to systempolicy@esd.wa.gov to the attention of the Referral Union Program.

Include: Original completed and signed application
Copy of your union's dispatch rules

If you have questions about this application or the Referral Union Program, email systempolicy@esd.wa.gov.

Thank you for providing this information. If we need more information or clarification, a department representative will contact you.