

United Food & Commercial Workers International Union

AUTHORIZATION FOR REPRESENTATION

I hereby authorize the United Food & Commercial Workers Union International, or its chartered Local Union(s) to represent me for the purpose of collective bargaining.

_____ (Print Name) _____ (SSN or SS)

_____ (Signature) _____ (Date) _____ (Home Phone))

_____ (Home Address) _____ (City State Zip)

_____ (Employers Name) _____ (Address)

_____ (Hire Date) _____ (Type Work Performed) _____ (Department)

_____ (Hourly Rate) _____ (Day Shift) _____ Day Shift _____ Night Shift _____ Full Time _____ Part Time _____

Would you participate in an organizing committee? Yes _____ No _____

_____ (E-mail)