New Organizing Campaign Questionnaire

About You

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Email |  |
| Home Address |  |
| City, State, Zip |  |
| Your Title at work |  |
| Summary of your duties |  |
| Number of Years Employed |  |
| Special Certifications or Credentials you have |  |
| Current Hourly Wage |  |
| Detailed description of all benefits (Health Insurance cost/deductible/coverage, pension/401(k) info |  |

About Your Employer

|  |  |
| --- | --- |
| Employer’s full name |  |
| Phone |  |
| Website |  |
| Employer Address |  |
| City, State, Zip |  |
| Owner |  |
| Type of Business |  |
| Total Number of Employees |  |
| Geographic Area of Work |  |
| Total Number of Supervisors |  |
| Total Number of Co-Workers that feel the same as you about forming a Union |  |

Why do you want a Union? (Check all that apply)

|  |  |
| --- | --- |
| Collective Bargaining Agreement (CBA) |  |
| Better Pay/Benefits |  |
| Representation |  |
| Paid Vacation/Holidays |  |
| Respect |  |
| Fair Grievance Process |  |
| Progressive/Just Cause Discipline |  |
| So we can be lazy |  |
| Other (Please explain) |  |

Please provide a brief narrative description of what’s going on now and why you want a Union at work: