

Labor Dispute Notification Form

Date _____

Job Order No. _____

Employer Name _____

Employer Address _____

I have been notified that a strike or other labor dispute exists at the above named employer's business and have been advised that the job order for which I have accepted a referral is not a job opening that is vacant due to the labor dispute.

Applicant Signature _____

Applicant Name (printed) _____ SSN (last 4-digits) _____

Staff Signature _____

Staff Name (printed) _____
