



**Countywide Community Workforce Agreement  
Pre-Job Conference Form**

**NAME OF CWA COVERED PROJECT**

**Meeting Information**

Pre-Job Conference Meeting No.:	Date & Time:
Location:	

**Prime Contractor**

Prime Contractor: License No.:	Address:
Phone:	Fax:
Project Manager:	Phone: Email:
Prime CWA Contact:	Phone: Email:
Jobs Coordinator:	Phone: Email:

**Covered Project Information**

Project Name:	Project Address:
Contract No.:	Construction Contract Amount: \$
Construction Start Date:	Construction End Date:
Project Description:	

Jobsite Scheduling Information	
No. of Shifts:	Start / Stop Times:
Pay Day:	Ending Day of Pay Period:

Jobsite Facilities & Nearby Hospital Information	
Location(s) of First Aid Facilities:	Location(s) of Sanitary Facilities:
Location(s) of Drinking Water Facilities:	Description of Jobsite Parking:
Name of Selected Nearby Hospital:	Hospital Address: Hospital Phone No.:

Heavy Equipment	Contractor

Jobsite Visitor Guidelines

### Union Work Assignments

As required by CWA Article 13, the assignment of work will be solely the responsibility of the Contractor performing the work involved; and such work assignments will be in accordance with the Plan for the Settlement of Jurisdictional Disputes in the Construction Industry (the "Plan") or any successor plan. All jurisdictional disputes on this project shall be settled in accordance with CWA Article 13.

Any union disagreements with proposed preliminary assignments shall be settled in accordance with CWA Article 18.

### Jurisdictional Union Work Assignments

Jurisdictional Union Work Assignments			
<i>Contractor Name</i>	<i>Union (Y/N)</i>	<i>Scope of Work</i>	<i>Union Work Assignment (Local#)</i>

### Subcontractor Information

Subcontractor Name: Contractor License No.:	Subcontractor To:
Address:	Start Date: End Date:
Contact Person:	Phone: Email:
Subcontractor Name: Contractor License No.:	Subcontractor To:
Address:	Start Date: End Date:
Contact Person:	Phone: Email:
Subcontractor Name: Contractor License No.:	Subcontractor To:

Address:	Start Date: End Date:
Contact Person:	Phone: Email:
Subcontractor Name: Contractor License No.:	Subcontractor To:
Address:	Start Date: End Date:
Contact Person:	Phone: Email:
Subcontractor Name: Contractor License No.:	Subcontractor To:
Address:	Start Date: End Date:
Contact Person:	Phone: Email: