From Sterling Glass

District Council #4

International Union of
PAINTERS AND ALLIED TRADES OF AMERICA AND CANADA, AFL-CIO-CLC

Business Manager
Secretary-Treasurer
Mark Stevens

585 Aero Drive
Buffalo, NY
14225

PHONE
716-565-0303

FAX
716-565-0306

WEBSITE:
www.dc4.org

Find us on: facebook.
IUPAT DC4 of WNY & CNY

Territorial Jurisdiction
Proudly serving western and central New York in the counties of Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Delaware, Erie, Genesee, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Schuyler, Seneca, Steuben, St. Lawrence, Tioga, Tompkins, Wayne, Wyoming and Yates.

PAINTERS - DECORATORS- PAPERHANGERS - DRYWALL FINISHERS - STRUCTURAL STEEL - CIVIL SERVICE - GLAZIERS & GLASS WORKERS - SIGN PAINTERS - PAINT MAKERS & ALLIED INDUSTRIAL WORKERS

July 3, 2014

To Whom It May Concern:

My name is Jeffrey Carroll, Regional Business Representative of Painters District Council #4. I am writing in regards to minority and female participation. Due to the heavy workload currently in the Western New York area we have full employment and our minority and female list is exhausted.

We continue to recruit applicants on a regular basis through open recruitment with the Department of Labor, Job Fairs, etc. We are currently working with Councilman Demone Smith of the City of Buffalo on a pre-apprentice program for future candidates.

The work of a glazier is a very heavy workload and many of our female and minority workforce are choosing to work in our fabrication shops. This work is better suited for many partly due to transportation issues as well.

We will continue to make every attempt to make our goals. Please feel free to contact me at 716-565-0303 ext. 23.

Sincerely,

Jeffrey Carroll
Regional Business Representative

AFFILIATED LOCALS:
#17, #31, #38, #43, #112, #150, #178, #660, #677, #1203

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District Council #4

International Union of
PAINTERS AND ALLIED TRADES OF AMERICA AND CANADA, AFL-CIO-CLC

April 15, 2015

To Whom It May Concern:

My name is Jeffrey Carroll, Regional Business Representative of Painters District Council #4. I am writing in regards to minority and female participation. Due to the heavy workload currently in the Western New York area we have full employment and our minority and female list is exhausted.

We continue to recruit applicants on a regular basis through open recruitment with the Department of Labor, Job Fairs, etc. We are currently working with Councilman Demone Smith of the City of Buffalo on a pre-apprentice program for future candidates.

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Sincerely,

Jeffrey Carroll
Regional Business Representative

AFFILIATED LOCALS:
#17, #31, #38, #43, #112, #150, #178, #660, #677, #1203

MARK CERRONE INC.
Safety and Quality First

WORKFORCE REFERRAL REQUEST FORM

To Trade Union: IBEW Local 1249 **Date of Request:** 03/17/2014

Project Name.: Main Street 600 Block / 500 Block

Method of Request: ☒ EMAIL ☐ FAX ☐ MAIL Time Transmitted: _____

EMPLOYEES REQUIRED

1. Total Number of Journey-level Employees Required, including Minorities and Women: 1

   Estimated MANHOURS / DAYS Required: 2-3 days per week for 2 months Required Start Date: _____

2. Total Number of Apprentice level Employees Required, including Minorities and Women: 1

   Estimated MANHOURS / DAYS Required: 2-3 days per week for 2 months Required Start Date: _____

MINORITY REQUIREMENTS

Minority Journey-level Employees Required: 1

Required Start Date: asap

Minority Apprentice Employees Required: _____

Required Start Date: _____

FEMALE REQUIREMENTS

Women Journey-level Employees Required: 1

Required Start Date: asap

Women Apprentice Employees Required: _____

Required Start Date: _____

REQUESTED BY: Angelo Veanes - President
(Name and Position of Authorized Contractor Representative)

Angelo Veanes 03-17-14
(Signature/Date)

Email Address: _____

UNION RESPONSE

Date of Response: 3/26/14 Method of Request: ☒ EMAIL ☐ FAX ☐ MAIL Time: _____

☒ No requested Union Employees Available.

Total Number of Journey-level Employees Referred: _____

Total Number of Apprentice Employees Referred: _____

Names of Non-Minority/Women Referrals *(Designate J or A)*
1) _____
2) _____
3) _____
4) _____

Names of Female Referrals *(Designate J or A)*
1) _____
2) _____
3) _____
4) _____

Attach a separate sheet for additional names if necessary.

Names of Minority Referrals *(Designate J or A)*
1) _____
2) _____
3) _____
4) _____

Total number of Union Employees Requested _____

Total number of Union Employees Referred _____

Mark Lawrence Referral Manager
(Name and Position of Authorized Union Representative)

315-656-7253
Contact Number

Mark La 3/26/14
(Signature/Date)

MARK CERRONE INC.
Safety and Quality First

WORKFORCE REFERRAL REQUEST FORM

To Trade Union: IBEW Local 1249 **Date of Request:** 03/20/2015

Project Name.: Main Street 600 Block / 500 Block

Method of Request: ☒ EMAIL ☐ FAX ☐ MAIL Time Transmitted: _____

EMPLOYEES REQUIRED

1. Total Number of Journey-level Employees Required, including Minorities and Women: 1

   Estimated MANHOURS / DAYS Required: 2-3 days per week for 5 months Required Start Date: _____

2. Total Number of Apprentice level Employees Required, including Minorities and Women: 1

   Estimated MANHOURS / DAYS Required: 2-3 days per week for 5 months Required Start Date: _____

MINORITY REQUIREMENTS

Minority Journey-level Employees Required: 1

Required Start Date: 04/2015

Minority Apprentice Employees Required: _____

Required Start Date: _____

FEMALE REQUIREMENTS

Women Journey-level Employees Required: 1

Required Start Date: 04/2015

Women Apprentice Employees Required: _____

Required Start Date: _____

REQUESTED BY: Angelo Veanes - President
(Name and Position of Authorized Contractor Representative)

Angelo Veanes 03-20-15
(Signature/Date)

Email Address: _____

UNION RESPONSE

Date of Response: 3/20/15 Method of Request: ☒ EMAIL ☐ FAX ☐ MAIL Time: 10:42am

☒ No requested Union Employees Available.

Total Number of Journey-level Employees Referred: 0

Total Number of Apprentice Employees Referred: _____

Names of Non-Minority/Women Referrals *(Designate J or A)*
1) _____
2) _____
3) _____
4) _____

Names of Female Referrals *(Designate J or A)*
1) _____
2) _____
3) _____
4) _____

Attach a separate sheet for additional names if necessary.

Names of Minority Referrals *(Designate J or A)*
1) _____
2) _____
3) _____
4) _____

Total number of Union Employees Requested _____

Total number of Union Employees Referred _____

Mark Lawrence Referral Manager
(Name and Position of Authorized Union Representative)

315-656-7253
Contact Number

Mark Lawrence 3/20/15
(Signature/Date)

2368 Maryland Avenue • Niagara Falls, NY 14305 • 716-282-5244 • FAX: 716-282-5245