



**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

LOCAL UNION NO. 659  
4480 ROGUE VALLEY HIGHWAY, SUITE 3  
CENTRAL POINT, OR 97502  
(541) 664-0800 OFFICE (541) 664-0806 – FAX  
[DISPATCH@IBEW659.ORG](mailto:DISPATCH@IBEW659.ORG)

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**IBEW Local 659 Pre-Job Form**

Please complete forms and email to [dispatch@ibew659.org](mailto:dispatch@ibew659.org)

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Fax: \_\_\_\_\_

Job Headquarters/ Reporting Headquarters Address: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Number of Workers & Classifications required on the job: \_\_\_\_\_

Start Date: \_\_\_\_\_ Job Duration: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

General Foreman: \_\_\_\_\_

Phone: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Phone: \_\_\_\_\_



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**IBEW Local 659 Transfers Form**

Please complete forms and email to [dispatch@ibew659.org](mailto:dispatch@ibew659.org)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Classification: \_\_\_\_\_

Classification: \_\_\_\_\_

Transferring From Local: \_\_\_\_\_

Transferring From Local: \_\_\_\_\_

Home Local: \_\_\_\_\_

Home Local: \_\_\_\_\_

Card #: \_\_\_\_\_

Card #: \_\_\_\_\_

Last 4 of Social: \_\_\_\_\_

Last 4 of Social: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Classification: \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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Phone: \_\_\_\_\_

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Classification: \_\_\_\_\_

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Transferring From Local: \_\_\_\_\_

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\_\_\_\_\_

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Phone: \_\_\_\_\_

Classification: \_\_\_\_\_

Classification: \_\_\_\_\_

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