**FORM A - EMPLOYER BACKGROUND INFORMATION**

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| --- |
| **Employer legal name:** |
| **Union(s):** |
| **Service division:** |
|  |
| **Employer’s Worksite(s)** |
| **Worksite Name** | **Address** | **Essential (Yes or No)** |
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***\*This page must be initialed by both the Employer and Union representatives***

Employer initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union(s) initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_