



# Industry Experience Roster (IER) Application

It is your responsibility to keep your correspondence preferences, mailing address/email address up to date with Contract Services.

Local/Classification:		
Local #:	Job Classification:	
Personal & Contact Information:		
Legal First Name:	Legal Middle Name:	
Legal Last Name:	Suffix ( <i>Jr., Sr., II, etc.</i> ):	SSN:
Mailing Address:		Unit # ( <i>Apt., Ste., etc.</i> ):
City:	State:	ZIP Code:
Country ( <i>if not United States</i> ):		
Cell Phone:	<input type="checkbox"/> None	Home Phone: <input type="checkbox"/> None
Emergency Contact Name:		Emergency Phone:
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Certification ( <i>Please read carefully before signing</i> ):	
<p>I hereby certify that the facts and information submitted during the roster application process are correct and complete, and I authorize Contract Services and its agents to investigate any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers, to provide Contract Services with any information that it requests in connection with this investigation. I hereby waive any and all rights and claims I may have regarding Contract Services, its agents, employees or representatives for seeking, gathering and using such information in the application process and regarding all other persons and institutions for furnishing such information about me. I understand that false statements on this application or omissions of material information may result in my roster status being reviewed and my name being removed from the roster. Finally, I acknowledge that no promises or representations have been made to me in connection with the application process. I agree to abide by all Contract Services rules and regulations as they now or may exist in the future.</p>	
<b><i>I acknowledge, understand and agree to the above:</i></b>	
<b>Signature:</b>	<b>Date:</b>

Return this form via email to [reception@csatf.org](mailto:reception@csatf.org), in person, by fax or mail.

**Contract Services**  
2710 Winona Avenue  
Burbank, CA 91504

**Phone Number:** 818.565.0550 ext. 1100  
**Fax Number:** 818.565.0535

