

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS  
2025-26 Pipeline Construction Pre-Job Form**

Local Union(s): \_\_\_\_\_ Joint Council(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 Project Date (approx.) Start: \_\_\_\_\_ Ends: \_\_\_\_\_

Name of Job or Job number \_\_\_\_\_

Contractor \_\_\_\_\_ Office: \_\_\_\_\_

Client \_\_\_\_\_

Warehouse Location \_\_\_\_\_

Superintendent \_\_\_\_\_ Cell # \_\_\_\_\_

Project Steward \_\_\_\_\_ Cell # \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Work Week: Days \_\_\_\_\_ Hours \_\_\_\_\_

Start Time: \_\_\_\_\_

Layoff Procedures: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EQUIPMENT/PERSONNEL REQUIRED**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ambulance                | <input type="checkbox"/> Grease Truck          | <input type="checkbox"/> Track Truck(hydro seeder) |
| <input type="checkbox"/> Army                     | <input type="checkbox"/> Hot Pass Truck        | <input type="checkbox"/> Track Truck(passenger)    |
| <input type="checkbox"/> ATV                      | <input type="checkbox"/> Jeep                  | <input type="checkbox"/> Track Truck(sand blaster) |
| <input type="checkbox"/> Articulating dump        | <input type="checkbox"/> Log Trucks/Grapple    | <input type="checkbox"/> Track Truck(straw blower) |
| <input type="checkbox"/> Boom Truck               | <input type="checkbox"/> Lowboy                | <input type="checkbox"/> Track Truck(water)        |
| <input type="checkbox"/> Bottle Truck             | <input type="checkbox"/> Mechanic              | <input type="checkbox"/> Tractor Rubber Tire       |
| <input type="checkbox"/> Bus                      | <input type="checkbox"/> Parts Chaser/Helper   | <input type="checkbox"/> Van(passenger)            |
| <input type="checkbox"/> Challenger               | <input type="checkbox"/> Pick-up               | <input type="checkbox"/> Warehouse                 |
| <input type="checkbox"/> Crew Cabs (1 and 2 tons) | <input type="checkbox"/> Rollagon (or similar) | <input type="checkbox"/> Water Truck/Pull          |
| <input type="checkbox"/> Def Trucks               | <input type="checkbox"/> Skid Truck            | <input type="checkbox"/> Winch Truck               |
| <input type="checkbox"/> Dump Trucks              | <input type="checkbox"/> Stinger Truck         | Other _____  |
| <input type="checkbox"/> Environmental            | <input type="checkbox"/> Stringer Truck        | _____  |
| <input type="checkbox"/> Escort/Pilot car         | <input type="checkbox"/> Suburban              | _____  |
| <input type="checkbox"/> Fencing                  | <input type="checkbox"/> Swamp Buggy           | _____  |
| <input type="checkbox"/> Flat Bed (1 and 2 tons)  | <input type="checkbox"/> Swampers              | Other _____  |
| <input type="checkbox"/> Flat Bed (5 ton)         | <input type="checkbox"/> Sweeper Truck         | _____  |
| <input type="checkbox"/> Float                    | <input type="checkbox"/> Tandem                | _____  |
| <input type="checkbox"/> Foam Trucks              | <input type="checkbox"/> Team Driver           | _____  |
| <input type="checkbox"/> Fork Lifts               | <input type="checkbox"/> Track Truck(coating)  | _____  |
| <input type="checkbox"/> Fuel Truck               | <input type="checkbox"/> Track Truck(dump)     |  |
| <input type="checkbox"/> Gin Pole                 | <input type="checkbox"/> Track Truck(fuel)     |  |

Pay Day: \_\_\_\_\_

Direct deposit: \_\_\_\_\_

**All Purchasing Agents will be required to have a paid up Teamsters dues receipt.**

**WAGES**      Group 1 \_\_\_\_\_      Group 2 \_\_\_\_\_      Group 3 \_\_\_\_\_

**Health & Welfare - Select one (1)**    \_\_Hourly      \_\_Weekly      \_\_Monthly

**Amount**                      \$ \_\_\_\_\_

**Home Fund:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Travelers:**      Central States/TeamCare

**TeamCare (Reports)**

PO Box 5109

Des Plaines, IL 60017

Email: [contractinfo@centralstates.org](mailto:contractinfo@centralstates.org)

**TeamCare (Payments)**

PO Box 10291

Palatine, IL 60055-0291

Email: [contractinfo@centralstates.org](mailto:contractinfo@centralstates.org)

**Pension – Select one (1)**                      \_\_Hourly      \_\_Weekly      \_\_Monthly

**Amount**                      \$ \_\_\_\_\_

**Home Fund:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Travelers:**      Benesys, Inc.  
7130 Columbia Gateway Drive, Suite A  
Columbia, MD 21046

**Teamster National Pipeline Pension Fund**

Benesys, Inc.

7130 Columbia Gateway Drive, Suite A

Columbia, MD 21046

Teamsters National Pipeline Training Fund (\$\_\_\_\_\_per hour)

Teamsters National Pipeline LMCT (\$\_\_\_\_\_per hour)

Benesys, Inc.

7130 Columbia Gateway Drive, Suite A

Columbia, MD 21046

Boot/Safety glasses Allowance \_\_\_\_\_

FR's \_\_\_\_\_

Per Diem: \$30.00 per day added to the check or to the Pension Fund as per Company  
(if your Per Diem differs from \$30, please enter the amount here \$ \_\_\_\_\_)

Pilot Car: Truck Pay \_\_\_\_\_

Right of Way: Truck Pay \_\_\_\_\_

Steward: A. Truck Pay \$65.00 per day or same as Operator's Steward, whichever is greater  
B. Cell Phone \_\_\_\_\_  
C. Hours of work \_\_\_\_\_  
D. Steward duties \_\_\_\_\_

Mechanics: A. Rig Pay \_\_\_\_\_

Workforce: 50/50 or 75/25

**All Teamsters must have a valid driver's license, original social security card, an up to date DOT physical card and be signed up with [www.clearinghouse.fmcsa.dot.gov](http://www.clearinghouse.fmcsa.dot.gov)**

**ALL TEAMSTERS, REGARDLESS OF REFERRAL WILL REPORT TO THE STEWARD ON THE FIRST DAY WITH A PAID UP DUES RECEIPT. OR THEY WILL BE UNABLE TO SIGN UP UNTIL ONE IS PROVIDED.**

All Sub-Contractors must be signatory before the Pre-Job or they will be considered employees of the Prime Contractors if performing work under the Agreement. If a sub-contractor is added after the pre-job it will be the responsibility of the contractor to notify the Union prior to their start date.

**Subcontractors**

Name _____	Scope of Work <u>Clearing</u>	Phone # _____
Name _____	Scope of Work <u>Foam Breakers</u>	Phone # _____
Name _____	Scope of Work <u>Blasting</u>	Phone # _____
Name _____	Scope of Work <u>HDD</u>	Phone # _____
Name _____	Scope of Work <u>Restoration</u>	Phone # _____
Name _____	Scope of Work <u>Stringing</u>	Phone # _____
Name _____	Scope of Work <u>Dump Trucks</u>	Phone # _____
Name _____	Scope of Work <u>Boring</u>	Phone # _____
Name _____	Scope of Work <u>Fencing</u>	Phone # _____
Name _____	Scope of Work _____	Phone # _____
Name _____	Scope of Work _____	Phone # _____

The following items were discussed and agreed to at the pre-job meeting and will be adhered to for the durations of the job:

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Dues Check-off send to: Teamsters Local \_\_\_\_\_  
Local's address \_\_\_\_\_  
Company agrees to contact \_\_\_\_\_  
Email (Dues check-off) \_\_\_\_\_

**Company Contact:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Dues rate per month:** \_\_\_\_\_

**The Employer agrees to deduct from the paycheck of all employees covered under this pre-job voluntary contributions to DRIVE. The Employer shall transmit to DRIVE on a monthly basis in one check the total amount deducted with the name and social security number of each member.**

**TEAMSTERS CLAIM THE HAULING OF PERSONNEL, MATERIAL, WATER AND EQUIPMENT TO/FROM AND ON THE SITE BY ANY MEANS USED-INCLUDING WAREHOUSE & LAYDOWN YARDS AS PER THE NATIONAL PIPELINE AGREEMENT.**

Union  
By \_\_\_\_\_  
Steward \_\_\_\_\_  
Date \_\_\_\_\_

Company  
By \_\_\_\_\_  
Date \_\_\_\_\_

**For Multi-Jurisdiction Pre-Jobs:**

Local Union: \_\_\_\_\_

Health & Welfare - Select one (1)     Hourly     Weekly     Monthly

Amount                    \$ \_\_\_\_\_

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

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

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

Local Union: \_\_\_\_\_

Health & Welfare - Select one (1)     Hourly     Weekly     Monthly

Amount                    \$ \_\_\_\_\_

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

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

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

Local Union: \_\_\_\_\_

Pension - Select one (1)     Hourly     Weekly     Monthly

Amount                    \$ \_\_\_\_\_

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

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

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

Local Union: \_\_\_\_\_

Pension - Select one (1)     Hourly     Weekly     Monthly

Amount                    \$ \_\_\_\_\_

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

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

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