INTERNATIONAL BROTHERHOOD OF TEAMSTERS
2026-27 Pipeline Construction Pre-Job Form

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

Name of Job or Job number _____

Contractor _____
Client _____
Warehouse Location _____
Superintendent _____ Cell # _____
Project Steward _____ Cell # _____

Project Description_____
_____
_____

Work Week: Days_____ Hours_____
Start Time:_____
Layoff Procedures: Once truck is parked then that man is laid off unless rolled to another crew, however the work force will remain on a 50/50 ☐ or 75/25 ☐ basis

_____
_____
_____
_____

EQUIPMENT/PERSONNEL REQUIRED

__Ambulance
__Army
__ATV
__Articulating dump
__Boom Truck
__ Bottle Truck
__Bus
__Challenger
__Crew Cabs (1 and 2 tons)
__Def Trucks
__Dump Trucks
__Environmental
__Escort/Pilot car
__ Fencing
__Flat Bed (1 and 2 tons)
__Flat Bed (5 ton)
__Float
__Foam Trucks
__Fork Lifts
__Fuel Truck
__Gin Pole
__Grease Truck
__Hot Pass Truck
__Jeep
__Log Trucks/Grapple
__Lowboy
__Mechanic
__Parts Chaser/Helper
__Pick-up
__Rollagon (or similar)
__Skid Truck
__Stinger Truck
__Stringer Truck
__Suburban
__Swamp Buggy
__Swampers
__Sweeper Truck
__Tandem
__Team Driver
__Track Truck(coating)
__Track Truck(dump)
__Track Truck(fuel)
__Track Truck(hydro seeder)
__Track Truck(passenger)
__Track Truck(sand blaster)
__Track Truck(straw blower)
__Track Truck(water)
__Tractor Rubber Tire
__Van(passenger)
__Warehouse
__Water Truck/Pull
__Winch Truck
Other_____
_____
_____
_____

Other_____
_____
_____
_____

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 (Name and Address) _____
_____
_____
_____

Travelers: Central States/TeamCare

TeamCare **(Reports)**
PO Box 5109
Des Plaines, IL 60017
Email: contractinfo@centralstates.org

TeamCare **(Payments)**
PO Box 10291
Palatine, IL 60055-0291
Email: contractinfo@centralstates.org

Pension – Select one (1) ☐ **Hourly** ☐ **Weekly** ☐ **Monthly**

Amount **$** _____

Home Fund (Name and Address) _____
_____
_____
_____

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

Local Training - Select one (1) ☐ **Hourly** ☐ **Weekly** ☐ **Monthly**

Amount **$**_____

Home Fund (Name and Address) _____
_____
_____
_____

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: $50.00 per day added to the check or to the Pension Fund as per Company
(if your Per Diem differs from $50, 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 (Company-provided ☐ or Reimbursed up to $_____
C. Hours of work (Max hours if worked) _____
D. Steward duties_____
_____

Mechanics: A. Rig Pay (as per Dept. of Labor)

Workforce: ☐ 50/50 or ☐ 75/25

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 Clearing Phone #_____
Name_____Scope of Work Foam Breakers Phone #_____
Name_____Scope of Work Blasting Phone #_____
Name_____Scope of Work HDD Phone #_____
Name_____Scope of Work Restoration Phone #_____
Name_____Scope of Work Stringing Phone #_____
Name_____Scope of Work Dump Trucks Phone #_____
Name_____Scope of Work Boring Phone #_____
Name_____Scope of Work Fencing Phone #_____
Name_____Scope of Work_____Phone #_____
Name_____Scope of Work_____Phone #_____

All Teamsters must have a valid driver's license, original social security card, an up to date DOT physical card, a blank check for direct deposit and be signed up with 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.

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

_____
_____
_____
_____
_____
_____
_____
_____

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: _____