# NATIONAL RECRUITING FORM
## Manpower Needs

### Contact Information

- **Company Name:** ____________________________________________________________
- **Address:** ________________________________________________________________
- **City/State/ZIP Code** _______________________________________________________

- **Contact name:** ___________________________________________ **Title** __________
- **Phone Number:** ___________________________ **E-mail Address** __________________

<table>
<thead>
<tr>
<th>Classification of Employees Needed (Journeymen, Servicemen, Tradesmen)</th>
<th>Skills required</th>
<th>Number of employees needed per classification</th>
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</table>

**Location/Jurisdiction where employees needed:** ______________________________________

**Potential start date:** __________________________________________________________

**Certifications required:**
- [ ] UA STAR
- [ ] Other (please specify) ____________________________________________________

**Other specific details regarding manpower needs** ____________________________________

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Please return this completed form to: Barbara Dolim, MSCA Executive Director, bdolim@mcaa.org, Fax: 301-990-9690.