



NATIONAL RECRUITING FORM Manpower Needs

Contact Information

Company Name: _____

Address _____

City/State/ZIP Code _____

Contact name: _____ Title _____

Phone Number: _____ E-mail Address _____

Classification of Employees Needed (Journeyman, Servicemen, Tradesmen)	Skills required	Number of employees needed per classification

Location/Jurisdiction where employees needed: _____

Potential start date: _____

Certifications required:

UA STAR

Other (please specify) _____

Other specific details regarding manpower needs _____

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