



**NATIONAL RECRUITING FORM  
Manpower Needs**

**Contact Information**

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Contact name: \_\_\_\_\_ Title \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

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](mailto:bdolim@mcaa.org), Fax: 301-990-9690.