

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-250014	Date Filed 10/16/2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Bella Terra Wheeling	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 730 W. Hintz Rd. IL Wheeling 60090-
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<b>3a. Employer Representative - Name and Title</b> Kevin McInerney	<b>3b. Address (If same as 2b - state same)</b> 730 W. Hintz Rd. IL Wheeling 60090-
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<b>3c. Tel. No.</b> (847) 537-7474	<b>3d. Cell No.</b> (312) 758-2711	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> kmcinerney@legacyhc.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities	<b>4b. Principal product or service</b> Skilled nursing care	<b>5a. City and State where unit is located:</b> Wheeling, IL
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 72	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) 09/23/2019 and Employer declined recognition on or about 09/23/2019 (Date) (If no reply received, so state). Yes  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 11/6/2019	<b>11c. Election Time(s):</b> 6:30-7:30 a.m. and 2:30-3:30 p.m.	<b>11d. Election Location(s):</b> Employer's facility, second floor conference room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Omar Arias United Food and Commercial Workers International Union, Local 1546	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1649 W. Adams St. IL Chicago 60612-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Food and Commercial Workers International Union

<b>12d. Tel No.</b> (312) 733-2999	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> oarias@ufcwlocal1546.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title</b> David Huffman-Gottschling Attorney Jacobs, Burns, Orlove & Hernandez	<b>13b. Address (street and number, city, state, and ZIP code)</b> 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-
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<b>13c. Tel No.</b> (312) 327-3443	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (312) 726-3887	<b>13f. E-Mail Address</b> davidhg@jbosh.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> David Huffman-Gottschling	<b>Signature</b> David Huffman-Gottschling	<b>Title</b> Attorney	<b>Date</b> 10/15/2019 10:55:44
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

All full-time and regular part-time CNAs, activity aides, dietary employees, housekeeping employees, laundry employees, and rehab aides

**Employees Excluded**

Registered nurses, licensed professional nurses, the activities director, office clerical employees and guards, professional employees and supervisors as defined in the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-249901</b>	Date Filed <b>10/15/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> First Student, Inc		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1207 S. Greenwood Ave. IL Maywood 60153-	
<b>3a. Employer Representative - Name and Title</b> Marcy Murphy		<b>3b. Address</b> (if same as 2b - state same) 1207 S. Greenwood Ave. IL Maywood 60153-	
<b>3c. Tel. No.</b> (708) 345-5502	<b>3d. Cell No.</b> (847) 627-0752	<b>3e. Fax No.</b> (708) 345-9442	<b>3f. E-Mail Address</b> marcy.murphy@firstgroup.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation		<b>4b. Principal product or service</b> School bus transportation	
<b>5a. City and State where unit is located:</b> Maywood, IL			<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details
<b>6a. No. of Employees in Unit:</b> 211			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <u>10/1/19</u> and Employer declined recognition on or about <u>NOREPLY</u> (Date) (if no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (if none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> November 8, 2019		<b>11c. Election Time(s):</b> 5:30am - 11:00am, and 1:00pm -5:00pm	
<b>11d. Election Location(s):</b> upstairs meeting room		<b>12a. Full Name of Petitioner</b> (including local name and number) Gregory W Glimco Teamsters Local 777	
<b>12b. Address</b> (street and number, city, state, and ZIP code) 7827 Ogden Ave. IL Lyons 60534-		<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Brotherhood of Teamsters	
<b>12d. Tel No.</b> (708) 777-1081	<b>12e. Cell No.</b> (630) 854-9919	<b>12f. Fax No.</b> (708) 777-1082	<b>12g. E-Mail Address</b> greg@teamsters777.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name</b> (Print) Gregory W Glimco	<b>Signature</b> Gregory Glimco, Secretary-Treasurer	<b>Title</b> Secretary-Treasurer	<b>Date</b> 10/15/2019 11:39:50

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**DO NOT WRITE IN THIS SPACE**

Attachment

Case

13-RC-249901

Date Filed

10/15/19

**Employees Included**

All full-time and regular part-time bus drivers and monitors

**Employees Excluded**

all other employees, dispatchers, mechanics, office clerical, guards, professional employees and supervisors as defined in the Act

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-250036</b>	Date Filed <b>10/16/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Community Care	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4314 S Wabash Ave, Chicago, IL 60653
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<b>3a. Employer Representative - Name and Title:</b> Michael Filippo	<b>3b. Address (if same as 2b - state same):</b> Transitional Care Management, 3333 Warrenville Road Suite 200, 3333 Warrenville Road Suite 200, Lisle, IL 60532
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<b>3c. Tel. No.</b> 847-720-8751	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Mfilippo@tc-mgmt.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> nursing/ behavioral health home	<b>4b. Principal Product or Service</b> health care	<b>5a. City and State where unit is located:</b> Chicago IL
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> Armour-Globe election to include the title of "social worker" into the existing unit <b>Excluded:</b> all others	<b>6a. Number of Employees in Unit:</b> 7
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<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 10/10/19 and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Teamsters Local 743	<b>8b. Address:</b> 4620 S. Tripp, Chicago IL 60632
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<b>8c. Tel. No.</b> 773 254-7460	<b>8d. Cell No.</b> 773-299-1787	<b>8e. Fax No.</b> 773-254-7111	<b>8f. E-Mail Address</b> vschmitter@teamsterslocal743.com
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<b>8g. Affiliation, if any:</b> International Brotherhood of Teamsters	<b>8h. Date of Recognition or Certification</b> c. 5/1/1985	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 07/22/2019
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: two election times of 1hr a piece  
**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 10/29/19	<b>11c. Election Time(s):</b> 1st and 2nd shift	<b>11d. Election Location(s):</b> at the facility
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<b>12a. Full Name of Petitioner (including local name and number):</b> Health Care, Professional, Technical, Office, Warehouse, Mail Order Employees Union Local 743	<b>12b. Address (street and number, city, State and ZIP code):</b> 4620 S. Tripp, Chicago Il, 60632
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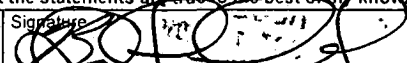
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Teamsters, Change to Win

<b>12d. Tel. No.</b> 773 254-7460	<b>12e. Cell No.</b> 773-299-1787	<b>12f. Fax No.</b> 773-254-7111	<b>12g. E-Mail Address</b> vschmitter@teamsterslocal743.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Vivian Schmitter, General Counsel	<b>13b. Address (street and number, city, State and ZIP code):</b> 4620 S. Tripp, Chicago Il, 60632
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<b>13c. Tel. No.</b> 773 254-7460	<b>13d. Cell No.</b> 773 254-7460	<b>13e. Fax No.</b> 773-254-7111	<b>13f. E-Mail Address</b> vschmitter@teamsterslocal743.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Brendan J. Crowley	Signature 	Title Staff Attorney	Date 10/10/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-250604</b>	Date Filed <b>10/25/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Superior Carriers, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2125 W. 162nd Street, Markham, IL 60428 Cook County

**3a. Employer Representative - Name and Title**  
Jim Carl, Terminal Manager

**3b. Address (if same as 2b - state same)**  
SAME

**3c. Tel. No.** 800-210-2174      **3d. Cell No.** 815-922-6090      **3e. Fax No.** 708-210-2179      **3f. E-Mail Address** jcarl@superior-carriers.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Service Garage for Tankers/Trucks      **4b. Principal product or service** Bulk Logistics      **5a. City and State where unit is located:** Markham, IL

**5b. Description of Unit Involved**  
**Included:** All Full-Time and Part-Time mechanics, apprentices, oil changers and tank washers.  
**Excluded:** All Office clerical employees, professional employees, guards and supervisors, as defined by the Act.

**6a. No. of Employees in Unit:** 9

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes  No**

**Check One:**  **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). Petition to serve as request.**  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).** None      **8b. Address**

**8c. Tel No.**      **8d. Cell No.**      **8e. Fax No.**      **8f. E-Mail Address**

**8g. Affiliation, if any**      **8h. Date of Recognition or Certification**      **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.      **11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** November 8, 2019      **11c. Election Time(s):** 7:30 AM - 8:30 AM      **11d. Election Location(s):** Conference Room

**12a. Full Name of Petitioner (including local name and number)** Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO      **12b. Address (street and number, city, state, and ZIP code)** 113 Republic Avenue, Ste. 100, Joliet, IL 60435

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** International Association of Machinists & Aerospace Workers AFL-CIO

**12d. Tel No.** 815-280-6400      **12e. Cell No.** 815-614-5476      **12f. Fax No.** 815-280-6345      **12g. E-Mail Address** though@iamaw.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Timothy J. Hough, Grand Lodge Representative      **13b. Address (street and number, city, state, and ZIP code)** 113 Republic Avenue, Ste. 100, Joliet, IL 60435

**13c. Tel No.** 815-280-6400      **13d. Cell No.** 815-614-5476      **13e. Fax No.** 815-280-6345      **13f. E-Mail Address** though@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Timothy J. Hough	<b>Signature</b> 	<b>Title</b> Grand Lodge Representative	<b>Date</b> October 25, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-250625</b>	Date Filed <b>10/25/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> First Student, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1207 S. Greenwood Ave. IL Maywood 60153-
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<b>3a. Employer Representative - Name and Title</b> Marcy Murphy	<b>3b. Address (If same as 2b - state same)</b> 1207 S. Greenwood Ave. IL Maywood 60153-
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<b>3c. Tel. No.</b> (708) 345-5502	<b>3d. Cell No.</b> (847) 627-0752	<b>3e. Fax No.</b> (708) 345-9442	<b>3f. E-Mail Address</b> marcy.murphy@firstgroup.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation	<b>4b. Principal product or service</b> School bus transportation of students	<b>5a. City and State where unit is located:</b> Maywood, IL
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 206	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> November 13, 2019	<b>11c. Election Time(s):</b> 5:30 am - 11:00 am and 1:00 pm - 5:00 pmm	<b>11d. Election Location(s):</b> upstairs meeting room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Gregory W Glimco Teamsters Local 777	<b>12b. Address (street and number, city, state, and ZIP code)</b> 7827 Ogden Ave. IL Lyons 60534-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (708) 777-1081	<b>12e. Cell No.</b> (630) 854-9919	<b>12f. Fax No.</b> (708) 777-1082	<b>12g. E-Mail Address</b> greg@teamsters777.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Gregory W Glimco	<b>Signature</b> Gregory W Glimco	<b>Title</b> Secretary-Treasurer	<b>Date</b> 10/25/2019 15:08:58
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

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**Employees Included**

All full-time and regular part-time bus drivers and monitors

**Employees Excluded**

all other employees, dispatchers, mechanics, office clerical, guards, professional employees, and supervisors as defined in the Act