

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-230349

Date Filed

November 1, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 Cloverland Electric Cooperative		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 725 E Portage Ave MI Sault Sainte Marie 49783-2439	
3a. Employer Representative - Name and Title Becky Mills		3b. Address (If same as 2b - state same) 725 E Portage Ave MI Sault Sainte Marie 49783-2439	
3c. Tel. No. (906) 632-5175	3d. Cell No.	3e. Fax No. (906) 632-8444	3f. E-Mail Address beckymills@cloverland.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities		4b. Principal product or service Provide electricity to co-op members	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Sault Sainte Marie, MI	
		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial, and S		8b. Address 503 N Euclid Ave Ste 10 MI Bay City 48706-2965	
8c. Tel No. (989) 667-0660	8d. Cell No. (715) 203-3174	8e. Fax No. (989) 667-0923	8f. E-Mail Address smeyer@usw.org
8g. Affiliation, if any		8h. Date of Recognition or Certification 06/01/1974	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/21/2021

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)

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

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): December 6, 2018
11c. Election Time(s): 1:00PM
11d. Election Location(s): Cloverland Electric Cooperative - 725 E. Portage Avenue, Sault Ste. Mar

12a. Full Name of Petitioner (including local name and number)
Steve Meyer
12b. Address (street and number, city, state, and ZIP code)
503 N Euclid Ave Ste 10
MI Bay City 48706-2965

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union

12d. Tel No. (989) 667-0660	12e. Cell No. (715) 203-3174	12f. Fax No. (989) 667-0923	12g. E-Mail Address smeyer@usw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Steve Meyer	Signature Steve Meyer	Title Staff Representative	Date 11/1/2018 10:09:43
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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

Employees Included

9

Employees Excluded

Unknown

DO NOT WRITE IN THIS SPACE

Case

07-RC-230349

Date Filed

November 1, 2018

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


07-RC-230393

Date Filed

11-2-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Thai Summit		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1480 McPherson Park Dr., Howell, MI 48843	
3a. Employer Representative - Name and Title: Jennifer Giannone		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 517-548-4900	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jgiannone@thaisummit.us
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing - Automotive		4b. Principal Product or Service Automotive Stampings	
5a. City and State where unit is located: Howell, MI		5b. Description of Unit Involved: Included: All full time and regular part time production and maintenance employees employed by the employer at: Excluded: All others including Supervisors and Guards as defined in the Act	
6a. Number of Employees in Unit: 475		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) NA on or about (Date) NA (If no reply received, so state). <input type="checkbox"/> 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: NA	
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) NA			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 11-28-2018		11c. Election Time(s): 5am - 7:30am & 1pm - 3:30pm	
11d. Election Location(s): 1480 McPherson Park Dr., Howell, MI 48843			
12a. Full Name of Petitioner (including local name and number): UAW New Westside Local 174		12b. Address (street and number, city, State and ZIP code): 15140 Livernois, Detroit, MI 48238	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UAW International Union of United Automobile, Aerospace, and Agricultural Implement Workers of America			
12d. Tel. No. 313-367-2633	12e. Cell No. NA	12f. Fax No. 313-367-2651	12g. E-Mail Address recordingsec@uawlocal174.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Shannon Conry		13b. Address (street and number, city, State and ZIP code): 15140 Livernois, Detroit MI 48238	
13c. Tel. No. 313-367-2633	13d. Cell No. 734-292-0484	13e. Fax No. 313-367-2651	13f. E-Mail Address recordingsec@uawlocal174.com
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) Shannon Conry		Signature 	Title Recording Secretary, Organizer
			Date 11/1/2018

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.

Date Filed

07-RC-230617

11/6/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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

Advanced Disposal Services Solid Waste Midwest, LLC, a Wisconsin LLC.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

4941 White Lake Rd, Village of Clarkston, MI 48346

3a. Employer Representative - Name and Title

Jay Howe

3b. Address (If same as 2b - state same)

Same

3c. Tel. No.

(248) 625-5470

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

jay.howe@advanceddisposal.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Waste Hauling

4b. Principal product or service

Recycling and Solid Waste Transfer Services

5a. City and State where unit is located:

Clarkston, MI

5b. Description of Unit Involved

Included: All full-time and regular part-time front load commercial drivers, roll-off drivers, residential drivers, residential container repair employees, welders, fabricators, preventative shop employees, mechanics and helpers employed by the Employer at its facility at 4941 White Lake, Clarkston, Michigan.

Excluded: but excluding all office clerical employees, guards and Supervisors as defined in the Act.

6a. No. of Employees in Unit:

32

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).

☐

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).

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)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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 30, 2018

11c. Election Time(s):

6:30 a.m. to 7:30a.m.

11d. Election Location(s):

On the 2nd floor office area at the Employer's facility

12a. Full Name of Petitioner (including local name and number)

International Brotherhood of Teamsters, Local Union #247

12b. Address (street and number, city, state, and ZIP code)

2741 Trumbull Ave., Detroit MI. 48216

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

12d. Tel No.

313-961-0068

12e. Cell No.

12f. Fax No.

313-961-9863

12g. E-Mail Address

Teamsters247@gmail.com

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

13a. Name and Title Thomas Ziembovic - Vice President

13b. Address (street and number, city, state, and ZIP code)

2741 Trumbull Ave., Detroit, MI 48216

13c. Tel No.

313-961-0068

13d. Cell No.

13e. Fax No.

313-961-0068

13f. E-Mail Address

Teamsters247@gmail.com

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)

Thomas Ziembovic

Signature



Title

Vice President

Date

11-06-18

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

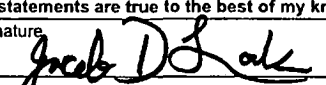
07-RC-231006

Date Filed

11-14-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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: Trinity Transportation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 24793 Van Horn Rd., Brownstown, MI 48134; 26500 Van Born Rd. Dearborn Hts, MI 48125	
3a. Employer Representative - Name and Title: Jerry Sheppard, President; David Holls, COE		3b. Address (if same as 2b - state same): 4624 13th Street, Wyandotte, Michigan 48192	
3c. Tel. No. 877-284-4200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address davidh@trinitytransportation.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation Management		4b. Principal Product or Service Transportation Management	
5a. City and State where unit is located: Woodhaven, MI		5b. Description of Unit Involved: Included: All full-time and regular part-time bus drivers Excluded: Supervisors and/or Administrative personnel	
6a. Number of Employees in Unit: 35		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 11/8/18 and Employer declined recognition on or about (Date) (if no reply received, so state). <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: Mail Ballot Election desired by employees <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Mid December (ASAP)		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Michigan Education Association		12b. Address (street and number, city, State and ZIP code): 1216 Kendale Blvd., East Lansing, MI, 48823	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Michigan Education Association			
12d. Tel. No. (800) 292-1934	12e. Cell No. (616) 240-9973	12f. Fax No. (517) 336-4009	12g. E-Mail Address jlouks@mea.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jacob D Louks, MEA Anti-Privatization Consultant		13b. Address (street and number, city, State and ZIP code): 1216 Kendale Blvd., East Lansing, MI, 48823	
13c. Tel. No.	13d. Cell No. (616) 240-9973	13e. Fax No. (517) 336-4009	13f. E-Mail Address jlouks@mea.org
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) Jacob D Louks		Signature 	Title MEA Anti-Privatization Consultant
		Date 11/13/18	

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

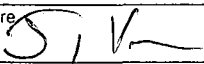
07-RC-231025

Date Filed

11-14-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Flex-N-Gate		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 52674 Shelby Parkway, Shelby Township, MI 48315	
3a. Employer Representative - Name and Title: Kim Delor		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 586-251-2243	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Factory		4b. Principal Product or Service Vehicle Bumpers	
5b. Description of Unit Involved: Included: Hourly employees, Production Assembly, Material Handling, Maintenance Excluded: Supervision, Engineering, Security, Temporary Employees		5a. City and State where unit is located: Shelby Twp., MI	
		6a. Number of Employees in Unit: 300	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 11/14/18 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state). <input type="checkbox"/> 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)		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? <input checked="" type="checkbox"/> 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)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Tuesday, Wednesday		11c. Election Time(s): 4:30pm - 6pm, 2:30pm - 5:30pm	
		11d. Election Location(s): Indoors, 52674 Shelby Parkway, 48315	
12a. Full Name of Petitioner (including local name and number): International UAW		12b. Address (street and number, city, State and ZIP code): 8000 East Jefferson, Detroit, MI 48214	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW			
12d. Tel. No. 313-926-5780	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: John R. Verellen, Vice President, UAW Local 400		13b. Address (street and number, city, State and ZIP code): 50595 Mound Road, Utica, MI 48317	
13c. Tel. No. 586-731-6270	13d. Cell No. 586-337-1430	13e. Fax No. 586-731-0421	13f. E-Mail Address jverellen@uawlocal400.com
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) John R. Verellen		Signature 	Title Vice President, UAW Local 400
			Date 11/14/18

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. 07-RC-231720	Date Filed November 28, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 LifeCare Ambulance Service		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 330 W Hamblin Avenue MI Battle Creek 49014-	
3a. Employer Representative - Name and Title Steve Frisbie		3b. Address (If same as 2b - state same) 330 W Hamblin Avenue MI Battle Creek 49014-	
3c. Tel. No. (269) 565-4112	3d. Cell No. (269) 217-3764	3e. Fax No.	3f. E-Mail Address sfrisbie@lifecareems.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Ambulance Transportation	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Battle Creek, MI	
		6a. No. of Employees in Unit: 100	
		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"/>	

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.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		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? _____ 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)

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

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

11b. Election Date(s): 12-18-2018 and 12-19-2018	11c. Election Time(s): 6am to 9am and 5pm to 8pm both dates	11d. Election Location(s): 330 W Hamblin Avenue, Battle Creek, MI 49014
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12a. Full Name of Petitioner (including local name and number) Dary Sardad International Association of EMT's and Paramedics (IAEP)	12b. Address (street and number, city, state, and ZIP code) 159 Burgin Parkway MA Quincy 02169-
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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)
National Association of Government Employees (NAGE) SEIU Local 5000

12d. Tel No. (916) 709-6270	12e. Cell No. (916) 709-6270	12f. Fax No.	12g. E-Mail Address dsardad@nage.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Dary Sardad	Signature Dary Sardad	Title Director of Organizing	Date 11/28/2018 10:38:41
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time and part time Emergency Medical Technicians (EMT's) and paramedics (EMT-P's).

Employees Excluded

Managers, office and clerical staff and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

07-RD-230357

Date Filed

11/2/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 Imperial Beverage	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3825 Emerald Dr. Kalamazoo, MI, 49001
3a. Employer Representative - Name and Title (b) (6), (b) (7)(C) Manager	3b. Address (If same as 2b - state name) (b) (6), (b) (7)(C) Kalamazoo, MI, 49001
3c. Tel. No. (b) (6), (b) (7)(C)	3d. Fax No. (b) (6), (b) (7)(C)
3e. Cell No. (b) (6), (b) (7)(C)	3f. E-Mail Address (b) (6), (b) (7)(C)

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse	4b. Principal product or service (b) (6), (b) (7)(C)
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5a. Description of Unit Involved Included: Side load Drivers Excluded: ALL others as defined in the act.	5b. City and State where unit is located: Kalamazoo Michigan
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6. No. of Employees in Unit 10	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Teamsters Local #7	8b. Affiliation, if any IBT
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8c. Address 3330 Miller Rd Kalamazoo MI 49001	8d. Tel. No. (b) (6), (b) (7)(C)	8e. Cell No. (b) (6), (b) (7)(C)
	8f. Fax No. (b) (6), (b) (7)(C)	8g. E-Mail Address (b) (6), (b) (7)(C)

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) Wednesday	13c. Election Time(s) 6:00 Am	13d. Election Location(s) Imperial Beverage
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14. Full Name of Petitioner (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No. (b) (6), (b) (7)(C)
	15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

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) (b) (6), (b) (7)(C)	Sig (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 10-30-18
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WELLS OF THESE 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

07-RD-231016

November 14, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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 7 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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 HOLLINGSWORTH LLC		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 7128 INDUSTRIAL DRIVE, TEMPERANCE, MI 48182	
3a. Employer Representative - Name and Title MIKE RIOUX		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 734-234-1181	3d. Fax No.	3e. Cell No. 567-288-6156	3f. E-Mail Address INFO@HOLLINGSWORTHLLC.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse, Shipping, Receiving, Repairing, Palletizing, Sorting		4b. Principal product or service USPS EQUIPMENT	
5a. Description of Unit Involved Included: Order Filler, Material Handler, Dispatcher, Forklift Operator, Meechanic, Container Repair, Switch Driver Excluded: Supervisors, Professionals, Guards, Clerical, and other Employees			5b. City and State where unit is located: Temperance, MI
6. No. of Employees in Unit 68	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent AMERICAN POSTAL WORKERS UNION		8b. Affiliation, if any APWU Detroit Dist Area Local #295 AFL-CIO	
8c. Address 1300 L STREET NW WASHINGTON, DC 20005		8d. Tel. No. 202-842-4200	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address communications@apwu.org
9. Date of Recognition or Certification 9/12/17		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)			
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 12/4/18	13c. Election Time(s) 10am - 4pm	13d. Election Location(s) CONFERENCE ROOM	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title PETITIONER	Date Filed 11/13/18

WILLFUL FALSE STATEMENT

PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PERJURY

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-231939

Date Filed

11-30-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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 7 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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 Unifirst Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 6400 Monroe Boulevard Taylor MI	
3a. Employer Representative - Name and Title Earl T. Harris G/M		3b. Address (If same as 2b - state same) 6400 Monroe Boulevard Taylor MI 48180	
3c. Tel. No. 313 299-5302	3d. Fax No. 313 299-5091	3e. Cell No. 412-401-4914	3f. E-Mail Address Earl-Harris@unifirst.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Industrial uniform textile landry		4b. Principal product or service textiles and uniform industry	
5a. Description of Unit Involved Included: All non supervisory and non managerial plant stock room and direct sales employees Excluded: maintenance office executives professionals supervisor			5b. City and State where unit is located: Taylor MI
6. No. of Employees in Unit 75	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Chicago and Midwest Regional Joint Board SLY		8b. Affiliation, if any SEIU	
8c. Address 220 Bagley St Suite 524 Detroit MI 48226		8d. Tel. No.	8e. Cell No. 513-800-9195
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification ?		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____			
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) can soon as NLRB do it	13c. Election Time(s) during work day	13d. Election Location(s) 6400 Monroe Boulevard Taylor MI	
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
New (Print) (b) (6), (b) (7)(C)		Sig (b) (6), (b) (7)(C)	Date Filed 11-29-18

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

PRIVACY ACT STATEMENT

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