

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-244810

Date Filed

7/15/2019

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
Fidelity Partners Medical Staffing, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2250 Engineer St bldg 4196, San Antonio, TX 78234

3a. Employer Representative - Name and Title
Bo DePeña, II, President & CEO

3b. Address (If same as 2b - state same)
8600 Wurzbach Rd Ste 1000, San Antonio, TX 78240-4333

3c. Tel. No.
(210) 822-4005

3d. Cell No.

3e. Fax No.
(210) 568-6050

3f. E-Mail Address
info@fidelitypartners.net

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

4b. Principal product or service
Government Service Contract

5a. City and State where unit is located:
San Antonio, TX

5b. Description of Unit Involved
Included: All Optical Technicians and Optical Helpers

6a. No. of Employees in Unit:
20

Excluded: All other employees including clericals, management, and guards as defined by the act.

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? _____ 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):
August 2, 2019

11c. Election Time(s):
2pm-4pm

11d. Election Location(s):
Campbell Memorial Library, 122 Harney Path Ft Sam Ho

12a. Full Name of Petitioner (including local name and number)
Bridget Davis, IUOE, Local 351

12b. Address (street and number, city, state, and ZIP code)
111 E. Coolidge Street, Borger, TX 79007

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
The American Federation of Labor and Congress of Industrial Organization

12d. Tel No.
214-732-8598

12e. Cell No.
214-732-8598

12f. Fax No.
806-274-7305

12g. E-Mail Address
brdavis7@gmail.com

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

13a. Name and Title
Bridget Davis, Organizer

13b. Address (street and number, city, state, and ZIP code)
111 E. Coolidge Street, Borger, TX 79007

13c. Tel No.
214-732-8598

13d. Cell No.
214-732-8598

13e. Fax No.
806-274-7305

13f. E-Mail Address
brdavis7@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)
Bridget Davis

Signature

Title
Union Organizer

Date

7/14/2019

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
16-RC-245013Date Filed
7/17/19

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: Paragon Systems, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 13900 Lincoln Park Drive, Suite 300, Herndon, VA 20171	
3a. Employer Representative - Name and Title: Sylvia Martinez, Labor Relations Manager		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 571-321-0908	3d. Cell No. 202-515-1355	3e. Fax No. 703-880-7754	3f. E-Mail Address SMARTINEZ@PARASYS.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal Product or Service	5a. City and State where unit is located: Laredo, TX
5b. Description of Unit Involved: Included: See Attached Excluded: See Attached			6a. Number of Employees in Unit: 27 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) _____ 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) United Government Security Officers of America		8b. Address: 2879 Cranberry Highway, East Wareham, MA 02538	
8c. Tel. No. 774-678-0936	8d. Cell No. 303-870-8075	8e. Fax No. 774-678-4658	8f. E-Mail Address jdiaz@ugsoa.com
8g. Affiliation, if any: Local 225		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/15/2019
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>NA</u> <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) NONE			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: TBD		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): Mail	
12a. Full Name of Petitioner (including local name and number): Federal Contract Guards of America		12b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): NONE			
12d. Tel. No. 212-541-3753	12e. Cell No.	12f. Fax No. 917-322-2105	12g. E-Mail Address memberservices@fcgoa.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kim Nguyen, Esq., Vice President		13b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022	
13c. Tel. No. 212-541-3753	13d. Cell No. 917-747-8338	13e. Fax No. 917-322-2105	13f. E-Mail Address knguyen@fcgoa.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) Kim Nguyen	Signature 	Title Vice President/Legal Counsel	Date 7/17/2019

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.

RC Petition – Paragon Systems, Inc.

5b. Description of Unit Involved:

Included:

All full-time and regular part-time Protective Security Officers performing guard duties under the Employer's contract with the Federal Government at the Lincoln Juarez Bridge located at 700 Zaragoza St, Laredo, TX 78040.

Excluded:

All other employees, including administrative, clerical, and non-guards, as defined by the National Labor Relations Act.

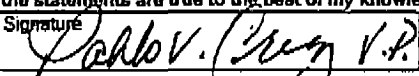
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
16-RC-245197Date Filed
7/19/19

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: Builders First Source		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 302 N. Mile 2 1/2 E.	
3a. Employer Representative - Name and Title: Jerardo Garcia General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (956) 755-0303	3d. Cell No.	3e. Fax No. (956) 514-1458	3f. E-Mail Address jerardo.garcia@bldr.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturer of Doors and Trusses for Homes		4b. Principal Product or Service Trusses	5a. City and State where unit is located: Mercedes, TX.
5b. Description of Unit Involved: Included: All Drivers that deliver Trusses and other materials to customers Excluded: Owners, Managers, Guards as described by the Act and clerical, office and warehouse			6a. Number of Employees in Unit 17 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) _____ 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)		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: Union prefers at the employers address in Mercedes, TX address			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): August 14, 2019		11c. Election Time(s): 4:30 am start - 11:30 am end	11d. Election Location(s): Conference or Break Rooms
12a. Full Name of Petitioner (including local name and number): Teamsters Local 657		12b. Address (street and number, city, State and ZIP code): 8214 Roughrider San Antonio, TX. 78239	
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. (210) 590-2013	12e. Cell No. (210) 313-6275	12f. Fax No. (210) 590-4420	12g. E-Mail Address info@teamsters657.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Pablo V. Cruz Vice Pres. & Business Agent		13b. Address (street and number, city, State and ZIP code): 8214 Roughrider, San Antonio, TX. 78239	
13c. Tel. No. (210) 590-2013	13d. Cell No. (210) 313-6275	13e. Fax No. (210) 590-4420	13f. E-Mail Address pcruz@teamsters657.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) Pablo V. Cruz		Signature 	Title Vice President Date 07/19/19

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PRIVACY ACT STATEMENT

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