

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-231203	Date Filed NOV 15, 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
Cranford Park Rehabilitation and Health Care Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
600 Lincoln Park, Cranford, NJ 07106

3a. Employer Representative - Name and Title
Jake Lighten, LNHA, Regional Administrative/Vice-President

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

3c. Tel. No.
908-276-7100

3d. Cell No.

3e. Fax No.
908-276-0173

3f. E-Mail Address
jlighten@homesteadrhcc.com

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

4b. Principal product or service
Nursing Home and Rehabilitation

5a. City and State where unit is located:
Cranford, New Jersey

6b. Description of Unit Involved
Included: All full-time and regular part-time licensed practical nurses employed by the Employer at its Cranford, New Jersey facility
Excluded: All service and maintenance employees, office clerical employees, professional employees, managers, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
15

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) **None** 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
None

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 7, 2018

11c. Election Time(s):
6:45 am to 7:15 am and 2:45 pm to 3:15 pm

11d. Election Location(s):
600 Lincoln Park, Cranford, NJ

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Teamsters, Local 11

12b. Address (street and number, city, state, and ZIP code)
810 Belmont Avenue, North Haledon, NJ 07508

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel No.
973-636-0093

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
teamsterslocal11@gmail.com

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

13a. Name and Title
Raymond G. Heineman, Esq.

13b. Address (street and number, city, state, and ZIP code)
Kroll Heineman Carton, LLC, 99 Wood Avenue S, Suite 307, Iselin, NJ 08830

13c. Tel No.
732-491-2100

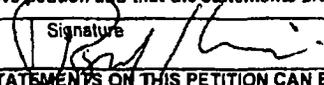
13d. Cell No.

13e. Fax No.
732-491-2120

13f. E-Mail Address
rheineman@krollfirm.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)
Raymond G. Heineman

Signature


Title
Attorney

Date
November 15, 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 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. <u>22-RC-231262</u>	Date Filed <u>11-19-18</u>

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
XPO Logistics Freight Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
125 Howard Blvd Ledgewood, NJ 07852

3a. Employer Representative - Name and Title
John Scholz Jr.

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

3c. Tel. No.
973-252-6161

3d. Cell No.
973-997-0041

3e. Fax No.
973-252-6618

3f. E-Mail Address
john.scholz@xpo.com

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

4b. Principal product or service
Intersate freight transportation

5a. City and State where unit is located:
Ledgewood, NJ

5b. Description of Unit Involved
Included: All full-time and regular part-time Driver Sales Reps (DSR), city and line haul employed by the employer at its facility located at 125 Howard BLVD Ledgewood, NJ 07852
Excluded: All other employees including dock employees, office/clerical employees, maintenance employees, managerial employees, confidential employees, professional employees, guards and supervisors as

6a. No. of Employees in Unit:
18

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) 11/19/18 and Employer declined recognition on or about 11/19/18 (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).
None

8b. Address

8c. Tel No.
None

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):
12/11/18

11c. Election Time(s):
6am -12 pm

11d. Election Location(s):
145 Howard Blvd. Ledgewood, NJ 07852

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Teamsters Local 641

12b. Address (street and number, city, state, and ZIP code)
714 Rahway Ave. Union, NJ 07083

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.
908-686-8898

12e. Cell No.
609-802-8585

12f. Fax No.
908-964-6970

12g. E-Mail Address
mgrmills@comcast.net

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

13a. Name and Title
Gary Mills, Sectry-Treasurer

13b. Address (street and number, city, state, and ZIP code)
714 Rahway Ave. Union, NJ 07083

13c. Tel No.
908-686-8898

13d. Cell No.
609-802-8585

13e. Fax No.
908-964-6970

13f. E-Mail Address
mgrmills@comcast.net and

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. **whock@teamsters.org**

Name (Print)
Gary Mills

Signature
Gary Mills

Title
Secretary Treasurer

Date
11/19/2018

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-231301	Date Filed NOV 19, 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
Waste Management

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
100 Avenue A, Newark, New Jersey 07102

3a. Employer Representative - Name and Title
Pamela Schnepf

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

3c. Tel. No. **215-428-4379** 3d. Cell No. **609-847-2549** 3e. Fax No. 3f. E-Mail Address **pschnepf@wm.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **Waste** 4b. Principal product or service **Disposal of waste** 5a. City and State where unit is located: **Newark, New Jersey**

5b. Description of Unit Involved
Included: Mechanics

Excluded: all drivers, dispatchers, sales employees, clerical employees, guards, supervisors, and all other employees

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) **11/19/2018** 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 **None** 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 3, 2018** 11c. Election Time(s): **6:30 am-8:00am-3:00pm-5:00pm** 11d. Election Location(s): **Breakroom**

12a. Full Name of Petitioner (Including local name and number) **IBT Local 125** 12b. Address (street and number, city, state, and ZIP code) **585 Hamburg Turnpike, Wayne, NJ 07470**

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**

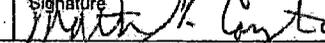
12d. Tel No. **973-942-5500** 12e. Cell No. **201-618-5870** 12f. Fax No. **973-942-9002** 12g. E-Mail Address **mike@teamsters125.org**

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

13a. Name and Title **Matthew G. Connaughton, Esq.** 13b. Address (street and number, city, state, and ZIP code) **669 River Drive, Suite 125, Elmwood Park, New Jersey 07407**

13c. Tel No. **908-298-8800** 13d. Cell No. **201-788-6580** 13e. Fax No. **908-298-9333** 13f. E-Mail Address **mconnaug@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) **Matthew G. Connaughton** Signature  Title **Attorney** Date **11/19/18**

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-231405	Date Filed Nov 26, 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 Vivint	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5 Ilene Ct NJ Hillsborough 08844-1915
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3a. Employer Representative - Name and Title Nate Miller	3b. Address (If same as 2b - state same) 4931 N 300 W UT Provo 84604-5816
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3c. Tel. No. (855) 844-0844	3d. Cell No.	3e. Fax No. (888) 441-6294	3f. E-Mail Address Nate.Miller@vivint.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services	4b. Principal product or service Home Security Systems	5a. City and State where unit is located: Hillsborough, NJ
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 16	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"/>
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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.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)

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): 12-12-2018	11c. Election Time(s): 8am-12pm	11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): In the warehouse of the employers 5 Ilene Ct, Hillsborough, NJ location.
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12a. Full Name of Petitioner (including local name and number) Joe J Mastrogianni Jr. Joe Mastrogianni Jr. IBEW Local 827	12b. Address (street and number, city, state, and ZIP code) 263 Ward St NJ East Windsor 08520-
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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 Electrical Workers

12d. Tel No. (732) 266-1488	12e. Cell No.	12f. Fax No.	12g. E-Mail Address JMastroJr@IBEW.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)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Joe J Mastrogianni Jr.	Signature Joe Mastrogianni Jr.	Title International Lead Organizer	Date 11/20/2018 14:13:49
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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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All Full Time and Regular Part Time Field Service Technicians

Employees Excluded

All Office Personnel, Managers, Supervisors, Guards as defined in the act, and all other employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-231752	Date Filed NOV 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 RITZ Laundry Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 179 Lafayette St NJ Paterson 07501-1132	
3a. Employer Representative - Name and Title		3b. Address (if same as 2b - state same) 179 Lafayette St NJ Paterson 07501-1132	
3c. Tel. No. (973) 977-8001	3d. Cell No.	3e. Fax No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotels & Motels	4b. Principal product or service Commercial Laundry Services	5a. City and State where unit is located: Paterson, NJ
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 60
Excluded: See Attached Page 2 for additional details		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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)

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): 12/12/18	11c. Election Time(s): 9am - 11am; 6pm - 8pm	11d. Election Location(s): Break Room
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12a. Full Name of Petitioner (including local name and number) Josh Gottlieb B.A. Local 514	12b. Address (street and number, city, state, and ZIP code) 777 Westchester Ave Ste 101 NY West Harrison 10604-3520
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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)
Brotherhood of Amalgamated Trades

12d. Tel No. (914) 705-5488	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kgottlieb@localunion514.com
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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)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Josh Gottlieb	Signature Josh Gottlieb	Title President	Date 11/28/18
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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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All Full time
drivers, and helpers.

production employees, maintenance, mechanics,

Employees Excluded

All clerical, managers, supervisors and guards as defined by the Act.

part-time employees,

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-231790	Date Filed NOV 29, 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 INGLEMOORE CARE CENTER	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 311 SOUTH LIVINGSTON AVENUE, LIVINGSTON, NEW JERSEY 07039
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3a. Employer Representative - Name and Title MARK RUDERMAN, ESQ., Ruderman, Horn & Esmerado, P.C.	3b. Address (If same as 2b - state same) 675 MORRIS AVENUE, SPRINGFIELD, NJ 07081
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3c. Tel. No. (973) 467-5111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) HEALTH CARE	4b. Principal product or service HEALTH CARE	5a. City and State where unit is located: LIVINGSTON, NEW JERSEY
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5b. Description of Unit Involved Included: Full-time, regular part-time and per diem Activity Aides. Excluded: All supervisors under the Act, and all other employees.	6a. No. of Employees in Unit: 5	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"/>
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Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 11/07/2018 and Employer declined recognition on or about 11/26/2018 (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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)

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): 12/14/2018	11c. Election Time(s): 10:00 A.M. - 11:00 A.M. AND 2:00 P.M.-3:00 P.M.	11d. Election Location(s): 311 SOUTH LIVINGSTON AVENUE, LIVINGSTON, NEW JERSEY 07039
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12a. Full Name of Petitioner (including local name and number) DISTRICT 1199J, NUHCE, AFSCME, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102
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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)
AFSCME

12d. Tel No. (973) 624-1199	12e. Cell No.	12f. Fax No. (973) 622-0801	12g. E-Mail Address
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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 ARNOLD SHEP COHEN, ATTORNEY	13b. Address (street and number, city, state, and ZIP code) 60 PARK PLACE, 6 TH FLOOR, NEWARK, NJ 07102
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13c. Tel No. (973) 642-0161	13d. Cell No.	13e. Fax No. (973) 802-1055	13f. E-Mail Address ASC@OXFELDCOHEN.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) ARNOLD SHEP COHEN	Signature 	Title ATTORNEY	Date 11/28/2018
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