

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-251343

Date Filed

NOV 7, 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

Action Environmental Services

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

375 U.S. Rt. 1 & 9 South Truck Rt.
N.J. Jersey City 07304

3a. Employer Representative - Name and Title

Ron Bergamini

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

3c. Tel. No.

(866) 270-9900

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

ronb@actioncarting.com

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

Waste Management Services

4b. Principal product or service

Waste Removal

5a. City and State where unit is located:

Jersey City, NJ

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:
140

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).

United Workers of America, Local 621 Stephen Sombrotto

8b. Address

367 Long Beach Road #147
NY Island Park 11558

8c. Tel No.

(888) 666-1974

8d. Cell No.

8e. Fax No.

(516) 706-0879

8f. E-Mail Address

8g. Affiliation, if any

United Workers of America

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)

Local 750, United Workers of America

10a. Name

Stephen Sombrotto

10b. Address

367 Long Beach Road #147
NY Island Park 11558

10c. Tel. No.

(888) 666-1974

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):

12/9/2019

11c. Election Time(s):

4:30am-12:00pm; 5:30pm-11:30pm

11d. Election Location(s):

Jersey City Shop

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

Sean Campbell
Local 813, International Brotherhood of Teamsters

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

48-18 Van Dam Street 2nd Floor
NY Long Island City 11101

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.

(718) 937-7010

12e. Cell No.

12f. Fax No.

(718) 937-7003

12g. E-Mail Address

scampbell@teamsters813.org

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

13a. Name and Title

Rick Bialczak Counsel
Local 813, IBT

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

48-18 Van Dam Street Suite 201
NY Long Island City 11101

13c. Tel No.

(202) 236-7259

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

rickbial@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)

Rick Bialczak

Signature

Richard Bialczak

Title

Counsel

Date

11/4/2019 15:33:19

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 drivers, helpers, mechanics, sorters, and container maintenance employees operating out of the Jersey City location

Employees Excluded

Clerical and professional employees, guards, and supervisors

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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Case No.

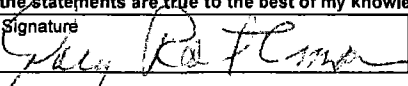
22-RC-251306

Date Filed

NOV 6, 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: First Transit, Inc. (Region 4 East)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2 Gowin Street, Sayerville, New Jersey 08872	
3a. Employer Representative - Name and Title: Andrew R. Joppa, Jr., Sr. Dir. HR		3b. Address (if same as 2b - state same): 1412 Pennsylvania Avenue, Wilmington, DE 19806	
3c. Tel. No. 4013094733	3d. Cell No.	3e. Fax No. 4016337013	3f. E-Mail Address andrew.joppa@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Transportation		4b. Principal Product or Service Transportation Services	5a. City and State where unit is located: Sayerville, New Jersey
5b. Description of Unit Involved: Included: All full time and regular part-time service control, dispatchers, and road supervisors. Excluded: All other employees including utility workers, drivers, clerical employees, managers, supervisors and guards as defined in the Act.			6a. Number 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? <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) 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): Dec. 6, 2019		11c. Election Time(s): 12:00 noon to 2:00 p.m.	11d. Election Location(s): Company facility training room
12a. Full Name of Petitioner (including local name and number): Local 726, IUJAT		12b. Address (street and number, city, State and ZIP code): 93 Lake Avenue, Suite 103, Danbury, CT 06810	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Journeymen and Allied Trades			
12d. Tel. No. 203-205-0101	12e. Cell No.	12f. Fax No. 203-205-0006	12g. E-Mail Address JamesG@iujat.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Gary Rothman, Esq., Attorney for Local 726		13b. Address (street and number, city, State and ZIP code): Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523	
13c. Tel. No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913	13f. E-Mail Address grothman@rothmanrocco.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) Gary Rothman, Esq.	Signature 	Title Attorney for Local 726	Date 11/6/19

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

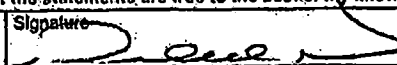
DO NOT WRITE IN THIS SPACE

Case No.
22-RC-251636

Date Filed
11/12/2019

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: Bob's Discount Furniture LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 150 N, NJ-17, Paramus, NJ 07652	
3a. Employer Representative - Name and Title: Serena Domke		3b. Address (if same as 2b - state same): 50 US-46 Totowa, NJ 07512	
3c. Tel. No. (973) 785-0159	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Serena.Domke@mybobs.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail store		4b. Principal Product or Service: Furniture	
5a. City and State where unit is located: <small>Christopher De Francis HR Regional Manager, Long Island 3910 Stedds County Road/Hickman, I</small>		5b. Description of Unit Involved: Included: All full-time and regular part-time commission sales associates. Excluded: All other employees including guards and supervisors as defined in the Act.	
6a. Number of Employees in Unit: 22		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? 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): December 2, 2019	11c. Election Time(s): 2:00 pm -4:00 pm	11d. Election Location(s): Cafeteria	
12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union Local 888		12b. Address (street and number, city, State and ZIP code): 160 East Union Avenue, East Rutherford, NJ 07073	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers International Union			
12d. Tel. No. (914) 668-8881	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: Wendell Shepherd - Barnes, Iaccarino & Shepherd LLP		13b. Address (street and number, city, State and ZIP code): 258 Saw Mill River Road, Elmsford, NY 10523	
13c. Tel. No. (914) 592-1515	13d. Cell No.	13e. Fax No. (914) 592-3213	13f. E-Mail Address wshepherd@bislawfirm.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) Wendell Shepherd	Signature 	Title Attorney	Date 11/12/19

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-251676

Date Filed

NOV 13, 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
Lakeland Healthcare Center

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
25 Fifth Avenue, Haskell NJ 07420

3a. Employer Representative - Name and Title
Zevi Kopp, Administrator

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

3c. Tel. No.

973-839-6000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

info@lakelandhcc.com

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:

Haskell NJ

6b. Description of Unit Involved

Included: All full-time and regular part-time cooks employed by the Employer at its Haskell NJ facility who are not currently recognized as included in the contractually-recognized bargaining unit.

Excluded: All registered nurses, licensed practical nurses, clerical employees, confidential employees, managerial employees, administrative employees, supervisors, and guards as defined by 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 ☒ 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).

NONE

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

info@lakelandhcc.com

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): **December 5, 2019**

11c. Election Time(s): **2:00 p.m. to 2:30pm**

11d. Election Location(s):

25 Fifth Avenue, Haskell NJ 07420

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 07506

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

12d. Tel No.

973-836-0093

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 Carlton LLC, 99 Wood Ave. 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

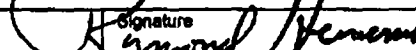
rheineman@krollfirm.com

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 13, 2019

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.

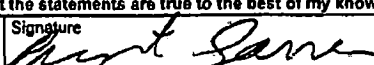
22-RC-251713

Date Filed

NOV 14, 2019

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.

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2a. Name of Employer: Planned Lifestyle Services and Planned Building Services, parts of and related to Planned Companies		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): Gulls Cove Condos 201 Marin Blvd., Jersey City, NJ 07302	
3a. Employer Representative - Name and Title: Robert Francis, President & CEO.		3b. Address (if same as 2b - state same): 150 Smith Street Parsippany, NJ 07050	
3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Building Services		4b. Principal Product or Service	5a. City and State where unit is located: Jersey City, NJ
6b. Description of Unit Involved: Included: all full-time and regular part-time porters/janitors, maintenance employees, and front desk/concierge employees employed at 201-05 Luis M. Marin Blvd., Jersey City, NJ Excluded: office clericals, supervisors, and guards as defined in the Act and all other employees			6a. Number of Employees in Unit 13 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) 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? <u>No</u> 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): November 20, 2019		11c. Election Time(s): 11:30am-2:30pm 11d. Election Location(s): break room between lobby and garage	
12a. Full Name of Petitioner (including local name and number): Local 32BJ		12b. Address (street and number, city, State and ZIP code): 494 Broad Street Newark, NJ 07102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. 973-824-3225	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: Brent Garren, Deputy General Counsel		13b. Address (street and number, city, State and ZIP code): 25 West 18th Street New York, NY 10011	
13c. Tel. No. 212-388-3943	13d. Cell No. 917-208-4287	13e. Fax No. 212-388-2062	13f. E-Mail Address bgarren@seiu32bj.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) Brent Garren		Signature 	Title Deputy General Counsel Date 11/13/19

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

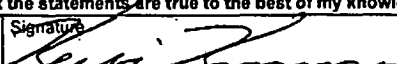
22-RC-251912

Date Filed

NOV 15, 2019

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: CBRE, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Campus Dr. #109, Florham Park, NJ 07932	
3a. Employer Representative - Name and Title: Alex Figueroa Technical Supervisor UPS Account		3b. Address (if same as 2b - state same): Same	
3c. Tel. No.	3d. Cell No. (732) 570 - 3756	3e. Fax No.	3f. E-Mail Address alex.figueroa@cbre.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distributor		4b. Principal Product or Service Package Delivery Service	5a. City and State where unit is located: Florham Park, New Jersey
6b. Description of Unit Involved: Included: Mobile Building Engineers, Excluded: All Supervisors, Managers, Confidential Personal, Security Officers and Clerical Employees			6a. Number of Employees in Unit: 4 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) 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? <u>No</u> If so, approximately how many employees are participating? <u>none</u> (Name of Labor Organization) <u>none</u> , has picketed the Employer since (Month, Day, Year) <u>none</u>			
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): December 4th 2019	11c. Election Time(s): 10:00 am	11d. Election Location(s): 100 Campus Dr. #109, Florham Park, NJ 07932	
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 68, 68a, 68b, 68c, 68d		12b. Address (street and number, city, State and ZIP code): 11 Fairfield Place West Caldwell, N.J. 07006	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers			
12d. Tel. No. 973 244 5800	12e. Cell No. 973 422 1560	12f. Fax No. 973 227 3785	12g. E-Mail Address kkenney@local68.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kevin S. Kenney Asst. Business Representative/Organizer		13b. Address (street and number, city, State and ZIP code): 11 Fairfield Place West Caldwell, N.J. 07006	
13c. Tel. No. 973 244 5806	13d. Cell No. 973 422 1560	13e. Fax No. 973 227 3785	13f. E-Mail Address kkenney@local68.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) Kevin Kenney	Signature 	Title Asst. Business Representative/Organizer	Date 11/15/19

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.

22-RC-251880

Date Filed

NOV 18, 2019

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 8b 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:
Bob's Discount Furniture LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
3 Mill Creek Dr, Secaucus, NJ 07094

3a. Employer Representative - Name and Title:
Serena Domke
Senior Human Resources Business Partner

3b. Address (if same as 2b - state same):
50 US-46
Totowa, NJ 07512

3c. Tel. No.
(973) 785-0159

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
serena.domke@mybobs.com

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

4b. Principal Product or Service
Furniture

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

5b. Description of Unit Involved:

Included:

All full-time and regular part-time commission sales associates.

Excluded:

All other employees including guards and supervisors as defined in the Act.

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? ☒ 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):
December 2, 2019

11c. Election Time(s):
2:00 pm - 4:00 pm

11d. Election Location(s):
Cafeteria

12a. Full Name of Petitioner (including local name and number):
United Food and Commercial Workers Union Local 888

12b. Address (street and number, city, State and ZIP code):
160 East Union Avenue, East Rutherford, NJ 07073

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food and Commercial Workers International Union

12d. Tel. No.
(914) 668-8881

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:
Michael Anderson - Barnes, Iaccarino & Shepherd

13b. Address (street and number, city, State and ZIP code):
258 Saw Mill River Road, Elmsford, NY 10523

13c. Tel. No.
(914) 592-1515

13d. Cell No.

13e. Fax No.
(914) 592-3213

13f. E-Mail Address
manderson@bislawfirm.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)
Michael Anderson

Signature
Michael Anderson D.R.

Title
Attorney

Date
11/18/19

**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.

22-RC-252072

Date Filed

NOV 19, 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 Montana Construction Corp. Inc. & Crush It, LLC as joint and/or single e		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 80 CONTANT AVE NJ Lodi 07644-	
3a. Employer Representative - Name and Title Ronald Tobia		3b. Address (if same as 2b - state same) 80 CONTANT AVE NJ Lodi 07644-	
3c. Tel. No. (201) 694-7346	3d. Cell No. (201) 694-7346	3e. Fax No.	3f. E-Mail Address rtobia@csglaw.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Construction	
5a. City and State where unit is located: Lodi, NJ			

6b. Description of Unit Involved		6a. No. of Employees in Unit: 2
Included: 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"/>
Excluded: See Attached Page 2 for additional details		

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 25, 2019	11c. Election Time(s): 530AM -630AM	11d. Election Location(s): 80 Contant Avenue, Lodi NJ
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12a. Full Name of Petitioner (including local name and number) Kevin Young International Union of OPerating Engineers, Local 825	12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue NJ Springfield 07081-
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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 Union of OPerating Engineers

12d. Tel No. (732) 713-5049	12e. Cell No. (732) 713-5049	12f. Fax No.	12g. E-Mail Address kyoung@iuoe825.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 Lauren Boanguro Attorney DeCotiis Fitzpatrick Cole & Giblin LLP		13b. Address (street and number, city, state, and ZIP code) 500 Frank W Burr Blvd NJ Teaneck 07666-	
13c. Tel No. (646) 210-0132	13d. Cell No. (646) 210-0132	13e. Fax No.	13f. E-Mail Address lbonaguro@decotiislaw.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) Lauren Boanguro	Signature Lauren Bonaguro	Title Attorney	Date 11/18/2019 17:51:46
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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

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Attachment

Employees Included
All full-time and part-time operators

Employees Excluded
All clerical, and supervisors

DO NOT WRITE IN THIS SPACE	
Case 22-RC-252072	Date Filed NOV 19, 2019

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
22-RC-252266

Date Filed
NOV 22, 2019

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:
Planned Building Services, a part of and related to Planned Companies

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
20 Beacon Way
Jersey City, NJ 07304 (NO NOT MAIL TO THIS ADDRESS)

3a. Employer Representative - Name and Title:
Robert Francis, President

3b. Address (If same as 2b - state same):
150 Smith Road
Parsippany, NJ 07050

3c. Tel. No.
973-739-0080

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal Product or Service
Building Services

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

5b. Description of Unit Involved:

Included:

All full-time and regular part-time porters/matrons/janitors employed at the Beacon

Excluded:

Office clericals, supervisors, and guards as defined in the Act

6a. Number of Employees in Unit:
13

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)
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?

(Name of Labor Organization)

has picketed the Employer since (Month, Day, Year)

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

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, 2019

11c. Election Time(s):
6:30am-8:00am & 11:30am-12:30am

11d. Election Location(s):
Mercury building vending machine room-fl 1

12a. Full Name of Petitioner (including local name and number):
SEIU Local 32BJ

12b. Address (street and number, city, State and ZIP code):
494 Broad Street, 3rd Floor
Newark, NJ 07102

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state):
Service Employees International Union

12d. Tel. No.
937-827-3225

12e. Cell No.

12f. Fax No.
862-236-3605

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:

Brent Garren, Deputy General Counsel

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

25 West 18th Street
New York, NY 10011

13c. Tel. No.
212-388-3943

13d. Cell No.
917-208-4287

13e. Fax No.
212-388-2062

13f. E-Mail Address
bgarren@seiu32bj.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)
Brent Garren

Signature

Brent Garren

Title
Deputy General Counsel

Date
11/22/19

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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