

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

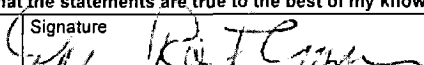
Case No.

22-RC-249329

Date Filed

OCT 2, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer:</b> Prime Auto Group, d/b/a World Jeep		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 681 Shrewsbury Avenue, Shrewsbury, New Jersey 07702	
<b>3a. Employer Representative - Name and Title:</b> Joseph Wajda, General Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (732) 918-1380	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jwajda@driveprime.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Auto Dealership		<b>4b. Principal Product or Service</b> Auto Sales and Service	
<b>5a. City and State where unit is located:</b> Shrewsbury, New Jersey		<b>5b. Description of Unit Involved:</b> Included: All full time auto technicians at the Shrewsbury, New Jersey location. Excluded: All other employees, including, but not limited to Service Writers, Utility employees, parts employees, sales employees, office clericals, guards and supervisors as defined in the Act.	
<b>6a. Number of Employees in Unit:</b> 16		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> October 16, 2019		<b>11c. Election Time(s):</b> 7:30 a.m. - 9:30 a.m.	
<b>11d. Election Location(s):</b> Dealership Back Shop area			
<b>12a. Full Name of Petitioner (including local name and number):</b> United Service Workers Union Local 355, IUJAT		<b>12b. Address (street and number, city, State and ZIP code):</b> 138-50 Queens Boulevard, Briarwood, New York 11435	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Journeymen and Allied Trades			
<b>12d. Tel. No.</b> 718-658-4848	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 718-523-4732	<b>12g. E-Mail Address</b> LoiaconoL@iujat.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Gary P. Rothman, Esq., Attorney for the Union		<b>13b. Address (street and number, city, State and ZIP code):</b> Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523	
<b>13c. Tel. No.</b> 914-478-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 914-478-2913	<b>13f. E-Mail Address</b> 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.			
<b>Name (Print)</b> Gary P. Rothman		<b>Signature</b> 	<b>Title</b> Attorney for the Union
			<b>Date</b> 10/2/19

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

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Case No.

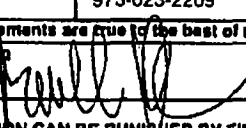
22-RC-249495

Date Filed

OCT 7, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 5b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

<b>2a. Name of Employer:</b> SERV Centers of New Jersey Southern Region		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 380 Scotch Road, Building B, Ewing, NJ 08628	
<b>3a. Employer Representative - Name and Title:</b> Kelly Rufe, Director		<b>3b. Address (if same as 2b - state same)</b> 380 Scotch Road, Ewing, NJ 088628	
<b>3c. Tel No.</b> 609-394-0212	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> behavioral health group homes		<b>4b. Principal Product or Service</b> behavioral health care	
<b>5a. City and State where unit is located:</b> Mercer County, New Jersey		<b>5b. Description of Unit Involved:</b> Included: All residential counselor, Senior residential counselor, community support service counselors, and maintenance employed at employer's facilities in Mercer County Excluded: All managerial employees, guards and supervisors as defined by the Act	
<b>6a. Number of Employees in Unit:</b> 52		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 10/4/19 <b>and Employer declined recognition</b> on or about (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> NO <input type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b> Request mail ballot because of number of facilities			
<b>11a. Election Type</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s)</b> 10/29/2019		<b>11c. Election Time(s)</b>	
<b>11d. Election Location(s)</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> AFSCME New Jersey Council 63		<b>12b. Address (street and number, city, State and ZIP code)</b> 2653A Whitehorse-Hamilton Square Road, Hamilton, NJ 08690	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state).</b> American Federation of State, County, and Municipal Employees			
<b>12d. Tel No.</b> 609-586-9093	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Paul L. Kleinbaum, Esq.		<b>13b. Address (street and number, city, State and ZIP code)</b> Zazzali Fagella Nowak Kleinbaum, 570 Broad St., Suite 1402, Newark NJ 07102	
<b>13c. Tel. No.</b> 973-623-1822	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 973-623-2209	<b>13f. E-Mail Address</b> pkleinbaum@zazzali-law.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Paul L. Kleinbaum		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 10/7/19	

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-250011

Date Filed  
OCT 15, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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  
Guarini Fire Protection LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
132 Mallory Avenue, Jersey City, NJ 07304

3a. Employer Representative - Name and Title  
Keith Woods, Member

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

3c. Tel. No.  
201-656-1530

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
keith@guarinifire.com

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

4b. Principal product or service  
sprinkler installation and inspection

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

5b. Description of Unit Involved

Included: All full-time and regular part-time journeyman and apprentice sprinklerfitters employed by the Employer at its Jersey City, NJ, facility.

Excluded: All office clerical employee, professional employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:  
8

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  
735 Wythe Avenue, Brooklyn, NY 11249

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):  
11/7/19

11c. Election Time(s):  
8:30 to 7:30 A.M.

11d. Election Location(s):  
1132 Mallory Avenue, Jersey City, NJ 07304

12a. Full Name of Petitioner (including local name and number)  
Sprinkler Fitters and Apprentices Local No. 696

12b. Address (street and number, city, state, and ZIP code)  
141-43 East Willow Street, Millburn, New Jersey 07041

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Association Of Journeymen And Apprentices of the Plumbing And Pipefitting Industry of the United States and Canada

12d. Tel. No.  
(973) 379-7448

12e. Cell No.

12f. Fax No.

12g. E-Mail Address  
Robert Doyle <local696org@yahoo.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)  
99 Wood Ave., South, Suite 307, Teahon, NJ, 08830

13c. Tel. No.  
732-481-2104

13d. Cell No.  
732-266-8287

13e. Fax No.  
732-491-2120

13f. E-Mail Address  
rheinemann@kroffirm.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  
October 15, 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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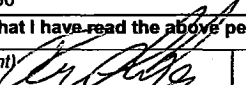
UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>22-RC-250017</b>	Date Filed <b>October 16, 2019</b>

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

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Staples		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 181 Herrod Blvd Suite 2, Dayton, NJ 08810	
<b>3a. Employer Representative - Name and Title</b> Mike Murphy		<b>3b. Address (If same as 2b - state same)</b> samr	
<b>3c. Tel. No.</b> 609-409-1873	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 609-409-1768	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Office supplies		<b>4b. Principal product or service</b> Delivery of office supplies	
<b>5a. City and State where unit is located:</b> Dayton, NJ			<b>6a. No. of Employees in Unit:</b> 38
<b>5b. Description of Unit Involved</b> <b>Included:</b> Delivery Drivers <b>Excluded:</b> All other employees including warehouse /dock employees, supervisors, dispatchers, managers, office clerical and guards as defined in the act.			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>

<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date) 10/15/2019 and Employer declined recognition on or about 10/15/2019 (Date) (If no reply received, so state). Stated no, and would not give fax no</b>			
<input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b> 2003 Route 130 Suite B	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? no</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
				<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>				<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> October 29, 2019		<b>11c. Election Time(s):</b> 7:00 am to 8:00 am		<b>11d. Election Location(s):</b> at employers facility in Dayton NJ in the meeting room			
<b>12a. Full Name of Petitioner (including local name and number)</b> International Brotherhood of Teamsters Local 701				<b>12b. Address (street and number, city, state, and ZIP code)</b> 2003 Route 130 Suite B North Brunswick, NJ 08902			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Teamsters							
<b>12d. Tel No.</b> 732-297-2701		<b>12e. Cell No.</b>		<b>12f. Fax No.</b> 732-821-6233		<b>12g. E-Mail Address</b>	
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>							
<b>13a. Name and Title</b> Paul Montalbano Esq				<b>13b. Address (street and number, city, state, and ZIP code)</b> 669 River Drive Suite 125 Elmwood Park, NJ 07407			
<b>13c. Tel No.</b> 908-298-880		<b>13d. Cell No.</b>		<b>13e. Fax No.</b> 908-298-9333		<b>13f. E-Mail Address</b>	
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>							
<b>Name (Print)</b> Ron Lake		<b>Signature</b> 		<b>Title</b> Secretary Treasurer B.A. 701		<b>Date</b> 10/15/2019	

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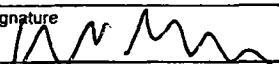
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-250062Date Filed  
OCT 17, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> CAREPOINT HEALTH CHRIST HOSPITAL		<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 176 PALISADE AVENUE, JERSEY CITY, NJ 07306	
<b>3a. Employer Representative - Name and Title:</b> JENNIFER DOBIN, EVP & CHIEF HUMAN RESOURCE OFFICER		<b>3b. Address (if same as 2b - state same):</b> 176 PALISADE AVENUE, JERSEY CITY, NJ 07306	
<b>3c. Tel. No.</b> (973) 795-8200	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> HEALTH CARE		<b>4b. Principal Product or Service:</b> HEALTH CARE	
<b>5a. City and State where unit is located:</b> JERSEY CITY, NEW JERSEY		<b>6a. Number of Employees in Unit:</b> 220	
<b>6b. Description of Unit Involved:</b> <b>Included:</b> SEE ATTACHED RIDER <b>Excluded:</b> All other employees under the Act.		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 10/15/2019 <b>and Employer declined recognition on or about (Date)</b> (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <b>If so, approximately how many employees are participating?</b> <b>(Name of Labor Organization)</b> , <b>has picketed the Employer since (Month, Day, Year)</b>			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 10/31/2019	<b>11c. Election Time(s):</b> 2:30 - 3:30 P.M. AND 6:30 - 7:30 P.M.	<b>11d. Election Location(s):</b> CAREPOINT HEALTH CHRIST HOSPITAL	
<b>12a. Full Name of Petitioner (including local name and number):</b> DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> AFSCME			
<b>12d. Tel. No.</b> 973-624-1199	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 973-622-0801	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> ARNOLD SHEP COHEN, ATTORNEY		<b>13b. Address (street and number, city, State and ZIP code):</b> 60 PARK PLACE, 6 TH FLOOR, NEWARK, NJ 07102	
<b>13c. Tel. No.</b> 973-642-0161	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 973-802-1055	<b>13f. E-Mail Address</b> asc@oxfeldcohen.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> ARNOLD SHEP COHEN	<b>Signature</b> 	<b>Title</b> ATTORNEY	<b>Date</b> 10/16/19

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.

RIDER TO RC PETITION

**5b. Description of Unit Involved:**

**Included:**

Full-time and regular part-time and per diem employees in the titles of Registration, dietary, Transport, Recreation Department, File Clerk, Housekeeping, Clinical Partner, Unit Clerk, Unit Secretary, Telesitter, Patient Access, Maintenance, Phlebotomist and Pharmacy Tech.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-250428

Date Filed  
OCT 22, 2019

**INSTRUCTIONS:** Unless e-filed using the Agency's website, [www.nlrb.gov](http://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: SERV Centers of New Jersey Southern Region		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 380 Scotch Road, Building B, Ewing, NJ 08628	
3a. Employer Representative - Name and Title: Kelly Rufe, Director		3b. Address (if same as 2b - state same): 380 Scotch Road, Ewing, NJ 088628	
3c. Tel. No. 609-394-0212	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) behavioral health group homes		4b. Principal Product or Service behavioral health care	5a. City and State where unit is located: Mercer County, New Jersey
5b. Description of Unit Involved: Included: All residential counselors and maintenance employed at employer's facilities in Mercer County Excluded: All residential senior counselors, managerial employees, guards and supervisors as defined by the Act			5c. Number of Employees in Unit: 52 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/4/19 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? <input checked="" type="checkbox"/> NO <input 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. Request mail ballot because of number of facilities and delivery of residential care services			11a. Election Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 11/13/19	11c. Election Time(s):		11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): AFSCME New Jersey Council 63		12b. Address (street and number, city, State and ZIP code): 2853A Whitehorse-Hamilton Square Road, Hamilton, NJ 08690	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees			
12d. Tel. No. 609-586-9093	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: Paul L. Kleinbaum, Esq.		13b. Address (street and number, city, State and ZIP code): Zazzali Fagella Nowak Kleinbaum, 576 Broad St., Suite 1402, Newark NJ 07102	
13c. Tel. No. 973-623-1822	13d. Cell No.	13e. Fax No. 973-623-2209	13f. E-Mail Address pkleinbaum@zazzali-law.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) Steven M. Tully	Signature 		Title Executive Director
			Date 10/21/19

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-250480

Date Filed

OCT 23, 2019

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

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

**2a. Name of Employer:**  
Planned Companies d/b/a Planned Lifestyle  
Services and Planned Building Services

**2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):**  
25 Senate Place  
Jersey City, NJ 07306

**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 building service employees, including superintendents & concierge/front-desk emp

**Excluded:**

Supervisors and guards as described in the Act

**5a. Number of Employees in Unit:**  
7

**5b. 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)**  
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 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):**  
10/26/19

**11c. Election Time(s):**  
2:30 pm - 4:00 pm

**11d. Election Location(s):**  
25 Senate Place - Game Room

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

**12b. Address (street and number, city, State and ZIP code):**  
494 Broad Street, 3rd Fl.  
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 W. 18th Street, 5th Floor  
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**  
10/22/19

**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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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

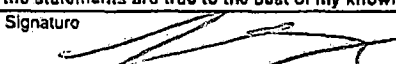
Date Filed

22-RC-250477

10/24/19

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

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

<b>2a. Name of Employer:</b> SERV Centers of New Jersey Southern Region		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 380 Scotch Road, Building B, Ewing, NJ 08628	
<b>3a. Employer Representative - Name and Title:</b> Kelly Rufe, Director		<b>3b. Address (if same as 2b - state same):</b> 380 Scotch Road, Ewing, NJ 088628	
<b>3c. Tel. No.</b> 609-394-0212	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> behavioral health group homes		<b>4b. Principal Product or Service:</b> behavioral health care	
<b>5a. City and State where unit is located:</b> Mercer County, New Jersey		<b>5b. Description of Unit Involved:</b> Included: All residential senior counselors  Excluded: All residential counselors, maintenance, managerial employees, guards and supervisors as defined by the Act	
<b>6a. Number of Employees in Unit:</b> 10		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 10/4/19 <b>and Employer declined recognition</b> on or about (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> NO <input type="checkbox"/> <b>If so, approximately how many employees are participating?</b> (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:</b> Request mail ballot because of number of facilities and delivery of residential care services		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 11/13/19	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> AFSCME New Jersey Council 63		<b>12b. Address (street and number, city, State and ZIP code):</b> 2653A Whitehorse-Hamilton Square Road, Hamilton, NJ 08690	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> American Federation of State, County, and Municipal Employees			
<b>12d. Tel. No.</b> 609-586-9093	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Paul L. Kleinbaum, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> Zazzali Fagella Nowak Kleinbaum, 570 Broad St., Suite 1402, Newark NJ 07102	
<b>13c. Tel. No.</b> 973-623-1822	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 973-623-2209	<b>13f. E-Mail Address</b> pkleinbaum@zazzali-law.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Steven Tully	<b>Signature</b> 	<b>Title</b> Executive Director	<b>Date</b> 10/23/19

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.