**INTREN Storm Restoration Enrollment Form**

Please fill out the following information:

1. **Personal Information:**
   * Legal First Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]
   * Last Name: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_]
   * Email Address: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]
   * Cell Phone Number: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]
   * Union Ticket Number: [\_\_\_\_\_\_\_\_\_\_\_]
   * Home Local: [\_\_\_\_\_\_\_\_\_\_\_]
   * Have you worked for Intren before**?** Choose an item.
2. **Classification:**
   * Do you have any foreman experience? Choose an item.
   * Do you have a valid CDL? Choose an item.
   * Select Union Classification: Choose an item.
3. **Demographic Information:**
   * Gender (For Lodging Purposes): Choose an item.
   * State of Residence: Choose an item.
4. **Safety Equipment Sizes:**
   * Rubber Glove Size: Choose an item.
   * Overshoe Rubber Boot Size: Choose an item.
   * Rubber Sleeve Size: Choose an item.
5. **Agreement:**
   * Please select the Yes or No below if you agree to receive text messages (SMS) from Intren about storm restoration opportunities. Choose an item.
   * I hereby provide consent to Intren to conduct a limited query on my license within the FMCSA CDL Drug & Alcohol Clearinghouse to determine whether any violations may exist in the Clearinghouse.  Consent is given for pre-employment screening and annually or more often as determined by Intren.  I understand that if I refuse consent Intren has the right to refuse employment at their discretion. Choose an item.