**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.