

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
55-RC-444444

Date Filed
4/20/2015

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 Nursing Home Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1020 N. Euclid Ave. Anytown, TN 38903
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3a. Employer Representative – Name and Title Sylvia Jenkins, Administrator	3b. Address (If same as 2b – state same) Same
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3c. Tel. No. 989.444.5678	3d. Fax No. 989. 444.5679	3e. Cell No.	3f. E-Mail Address SJenkins@NursingHome.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home	4b. Principal product or service Health care	5a. City and State where unit is located: Anytown, TN
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5b. Description of Unit Involved Included: All LPNs, certified nursing aides, and dietary aides Excluded: office clerical and professional employees, guards and supervisors as defined in the Act	6a. No. of Employees in Unit: 32	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? YES
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/16/2015 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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

11a. Name None.	11b. Address	11c. Tel. No.	11d. Fax No.
		11e. Cell No.	11f. E-Mail Address

12. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

12a. Election Type: <input checked="" type="checkbox"/> Manual _____ Mail _____ Mixed Manual/Mail	12b. Election Date(s) Friday, May 15, 2015	12c. Election Time(s) 6 to 8 am and 3 to 4 pm	12d. Election Location(s) Breakroom
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13a. Full Name of Petitioner (including local name and number) International Association of Health Workers, Local 100	13b. Address (street and number, city, state, and ZIP code) 1090 S. 4 th Street, Anytown, TN 38903
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13c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Health Workers

13d. Tel No. 989-992-1436	13e. Cell No. 989-992-1437	13f. Fax No. 989-992-1438	13g. E-Mail Address Info@healthworkers100.com
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14. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
14a. Name and Title Susan Wilson, President	14b. Address (street and number, city, state, and ZIP code) 1090 S. 4 th Street, Anytown, TN 38903

14d. Tel No. 989-992-1436	14f. Cell No. 989-992-1436	14e. Fax No. 989-992-1436	14g. E-Mail Address SWilson@healthworkers100.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Susan Wilson	Signature <i>Susan Wilson</i>	Title President	Date April 20, 2015
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.