

**FEDERAL MEDIATION AND CONCILIATION SERVICE
 ARBITRATOR'S PERSONAL DATA QUESTIONNAIRE**

I. BIOGRAPHICAL

E-Mail Address:

NAME: (Last, First, Middle)
 Mr. ____ Ms. ____ Prof. ____ Dr. ____

CURRENT BUSINESS OR OCCUPATION:

<p>BUSINESS ADDRESS 1:</p> <p>Street:</p> <p>City, State, Zip:</p> <p>Phone: ()</p> <p>Fax: ()</p>	<p>BUSINESS ADDRESS 2: (or Home)</p> <p>Street:</p> <p>City, State, Zip:</p> <p>Phone: ()</p> <p>Fax: ()</p>
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II. EDUCATION

INSTITUTION	MAJOR	DEGREE	YEAR

III. CERTIFICATIONS

PROFESSION	ISSUED BY	YEAR
<input type="checkbox"/> Attorney		
<input type="checkbox"/> Industrial Engineer		

Others Relevant Certifications:

PROFESSION	ISSUED BY	YEAR

IV. PROFESSIONAL MEMBERSHIPS: National Academy of Arbitrators American Arbitration Assn.

Others Relevant Memberships:

V. LABOR-MANAGEMENT RELATIONS EXPERIENCE (You **MUST** attach a resume that details your **collective bargaining experience**.)

COMPANY/ORGANIZATION	POSITION	CITY/STATE	FROM (YR)	TO (YR)

Privacy Act Statement. 29 U.S.C. § 172, et seq., authorize the FMCS to collect this information. The primary use of the information is to allow FMCS officials to maintain a roster of arbitrators. Additional disclosures of the information may be made: (1) to a Federal, State, or local law enforcement agency if FMCS becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to the National Archives and Records Administration or the General Services Administration in record management inspections; (4) to the Office of Management and Budget during legislative coordination on private relief legislation; (5) in a judicial or administrative proceeding if the information is relevant to the subject matter; (6) to provide arbitrator information to parties seeking arbitration services; and (7) information collected may be used by FMCS to provide information concerning FMCS trainings, events, presentations, conferences, and other educational opportunities and programs. This information is voluntary and will not be disclosed unless authorized by law. Failure to provide the requested information could result in not being included on FMCS's arbitration roster.

VI. Does your current employment or professional activity involve representation, advocacy, or participation in decision making for labor organizations or employers in **any** capacity? No Yes (If you answered Yes, you MUST attach a full explanation of these activities.)

VII. PRESENT FEDERAL, STATE, COUNTY OR LOCAL GOVERNMENTAL POSITIONS, IF ANY (full-time, part-time, elected or appointed) _____

VIII. PERMANENT PANELS ON WHICH YOU CURRENTLY SERVE (e.g., USPS/NALC)

IX. ARBITRATION ROSTERS ON WHICH YOU CURRENTLY SERVE (e.g., NMB)

X. Please indicate your experience as a labor relations professional, advocate, or neutral by **ISSUE** and check the appropriate box for the number of cases for each issue identified.

ISSUE	1-4	5 OR MORE	ISSUE	1-4	5 OR MORE
ABSENTEEISM			OFFICIAL TIME		
AFFIRMATIVE ACTION			PAST PRACTICES		
ARBITRABILITY			PENSION AND WELFARE PLANS		
BARGAINING UNIT WORK			PENSION CLAIM (FED. STATUTE)		
CONDUCT (OFF-DUTY/ PERSONAL)			PROMOTION		
DEMOTION			RETIREMENT		
DISCIPLINE (NON-DISCHARGE)			SAFETY/HEALTH CONDITIONS		
DISCIPLINE (DISCHARGE)			SENIORITY		
DISCRIMINATION			SEXUAL HARASSMENT		
• AGE			STRIKES, LOCKOUTS, WORK STOPPAGES, SLOWDOWNS		
• DISABILITY			SUBCONTRACTING/CONTRACTING OUT		
• RACE			TENURE/REAPPOINTMENT		
• SEX			UNION SECURITY		
• RELIGION			WAGES		
• NATIONAL ORIGIN			• COST-OF-LIVING PAY		
DRUG/ALCOHOL OFFENSES			• HOLIDAY PAY		
FRINGE BENEFITS			• INCENTIVE PAY		
• BONUS			• JOB CLASSIFICATION & RATES		
• HOLIDAYS			• MERIT PAY		
• INSURANCE			• OVERTIME PAY		
• LEAVE			• SEVERANCE PAY		
• VACATION			• VACATION PAY		
GRIEVANCE MEDIATION			WORK HRS/SCHEDS/ASSGNMTS.		
HEALTH/HOSPITALIZATION			WORKING CONDITIONS/WORK ORDERS		
HIRING PRACTICES			VIOLENCE OR THREATS		
JOB PERFORMANCE					
JOB POSTING/BIDDING					
JURISDICTIONAL DISPUTE					
LAYOFFS/BUMPING/RECALL					
MANAGEMENT RIGHTS					

XI. Please indicate your experience as a labor relations professional, advocate, or neutral by **INDUSTRY** and check the appropriate box for the number of cases for each industry identified.

INDUSTRY	1-4	5 OR MORE	INDUSTRY	1-4	5 OR MORE
ADVERTISING			MACHINERY		
AEROSPACE			MARITIME		
AGRICULTURE			MEAT PACKING		
AIRLINES			METAL FABRICATION		
ALUMINUM			MINING		
AUTOMOTIVE			NUCLEAR ENERGY		
BAKERY			OFFICE WORKERS/CLERICAL		
BANKING			ORGANIZATIONS		
BEVERAGE			PACKAGING		
BUILDING PRODUCTS			PAINT AND VARNISH		
BREWERY			PETROLEUM/PETROCHEMICALS		
BROADCASTING			PHARMACEUTICALS		
CANNING			PLASTICS		
CEMENT			PLUMBING		
CHEMICALS			POLICE AND FIRE		
CLOTHING			PRINTING AND PUBLISHING		
COAL			PRISON GUARD		
COMMUNICATIONS			PULP AND PAPER		
CONSTRUCTION			RAILROADS		
DAIRY			REAL ESTATE		
DISTILLERY			REFRIGERATION/HVAC		
EDUCATION			RESTAURANTS		
ELECTRICAL EQUIPMT./APPLIAN.			RETAIL STORES		
ELECTRONICS			RUBBER/TIRE		
ENTERTAINMENT/ARTS			SHIPBUILDING/DRY-DOCK		
FEED & FERTILIZER			SPORTS		
FOOD (MANU./PROC./SERVICE)			STEEL		
FOUNDRY			STONE/QUARRY		
FURNITURE			TEXTILE		
GLASS/POTTERY			TOBACCO		
GRAIN MILL			TRANSPORTATION		
HEALTH CARE			TRUCKING AND STORAGE		
HOTELS/MOTELS/CASINOS/ RESORTS			UPHOLSTERING		
HOSPITALS/NURSING HOME			UTILITIES		
IRON			WAREHOUSING		
LUMBER					

XII. Please indicate your experience as a labor relations professional, advocate, or neutral by **SECTOR** and check the appropriate box for the number of cases for each sector identified.

SECTOR	1-4	5 +
PUBLIC (NON-FEDERAL)		
PUBLIC (FEDERAL)		
PRIVATE		

XIII. Registered with the Defense Finance and Accounting Service or Central Contractor Registration Yes No

XIV. LANGUAGE PROFICIENCY (Ability to conduct hearings): Spanish French German
 Other (Specify): _____

XV. I AM EXPERIENCED IN THE FOLLOWING TYPES OF ARBITRATION CASES AND AM WILLING TO ACCEPT SUCH CASES:

EXPEDITED Yes No | EMPLOYMENT Yes No | INTEREST Yes No | FACTFINDER Yes No

XVI. I have FEDERAL SECTOR EXPERIENCE and can be considered for international arbitration assignments.
 Yes No

XVII. FEES CHARGED:

Per Diem: \$ _____ Cancellation: \$ _____ Docketing: \$ _____

Please explain your fee schedule in detail.

Large rectangular box with horizontal lines for writing the fee schedule details.

XVIII. Award Citations:

Rectangular box with horizontal lines for listing award citations.

XIX. Publications:

Rectangular box with horizontal lines for listing publications.

XX. DATE AVAILABLE FOR APPOINTMENT (MM/DD/YY) _____/_____/_____

XXI. CERTIFICATION OF ADVOCACY

I hereby certify that, if admitted to the Federal Mediation and Conciliation Service (FMCS) Roster of Arbitrators, I will immediately notify FMCS should I undertake any activities deemed to constitute "advocacy" under FMCS Regulations, 29 C.F.R. 1404.5(c), and withdraw from the Roster.

Signature: _____ **Date:** _____

I hereby affirm that the foregoing information is accurate, complete and true to the best of my knowledge. I understand that FMCS has the right to verify any information contained herein. Any willful misrepresentation contained herein will constitute a basis for rejection of this application by the FMCS Arbitrator Review Board. If approved by the Arbitrator Review Board, I affirm that I will abide by FMCS Arbitration Policies and Procedures (29 C.F.R. 1404) and the Code of Professional Responsibility for Arbitrators of Labor-Management Disputes. As a member of the FMCS Roster of Arbitrators, I affirm that any party that has selected me has the right to verify any information listed on this application.

Signature: _____ **Date:** _____

**FEDERAL MEDIATION AND CONCILIATION SERVICE
OFFICE OF ARBITRATION SERVICES**

GEOGRAPHICAL LOCATIONS FOR ARBITRATORS¹

New York, NY	101	Grand Rapids, MI	450	Virgin Islands	801
Long Island, NY	102	Kalamazoo, MI	451	Toronto, Canada	813
Albany, NY	103	Chicago, IL	554	Columbia, MO	815
Syracuse, NY	104	Peoria, IL	555	Southern Illinois	816
Buffalo, NY	105	Rockford, IL	556	Rochester, NY	817
Newark, NJ	106	South Bend, IN	557	Delaware	819
Boston, MA	107	Indianapolis, IN	558	Vermont	821
Worcester, MA	108	Evansville, IN	559	Buffalo, NY	806
Hartford, CT	109	Milwaukee, WI	560	Kansas City, KS	822
Providence, RI	110	Green Bay, WI	561	Montreal, Canada	823
Concord, NH	111	Minneapolis, MN	562	Reno, NV	824
Portland, ME	112	St. Louis, MO	665	Puerto Rico	835
Philadelphia, PA	213	Cedar Rapids, IA	666		
Pittsburgh, PA	214	Des Moines, IA	667		
Erie, PA	215	Omaha, NE	668		
Parkersburg, WV	216	Kansas City, MO	669		
Harrisburg, PA	217	Wichita, KS	670		
Allentown, PA	219	Oklahoma City, OK	671		
Trenton, NJ	220	Springfield, MO	672		
Baltimore, MD	221	Little Rock, AR	673		
Washington, DC	222	Dallas, TX	674		
Richmond, VA	223	Houston, TX	675		
Atlanta, GA	326	San Francisco, CA	778		
Birmingham, AL	327	Los Angeles, CA	779		
Mobile, AL	328	San Diego, CA	780		
New Orleans, LA	329	Seattle, WA	782		
Memphis, TN	330	Portland, OR	783		
Nashville, TN	331	Spokane, WA	784		
Chattanooga, TN	332	Great Falls, MT	785		
Knoxville, TN	333	Salt Lake City, UT	786		
Charlotte, NC	334	Denver, CO	787		
Jacksonville, FL	335	Phoenix, AZ	788		
Tampa, FL	336	Albuquerque, NM	789		
Miami, FL	337	Honolulu, HI	790		
Cleveland, OH	441	Sacramento, CA	791		
Akron, OH	442	Anchorage, AK	792		
Toledo, OH	443	Cheyenne, WY	793		
Columbus, OH	444	Lewiston, ID	794		
Dayton, OH	445	Fargo, ND	795		
Cincinnati, OH	446	Rapid City, SD	796		
Louisville, KY	447	Las Vegas, NV	797		
Detroit, MI	448	Jackson, MS	798		
Saginaw, MI	449	South Carolina	799		

¹ Please circle only one city if you use one business address or two cities if you use two business addresses that is nearest the address(es) you intend to establish your arbitration practice. For example, if your practice is located in The Woodlands, Texas, you would circle **Houston, TX** only.