



DISPUTE RESOLUTION PANEL APPLICATION

Name _____

Current Profession _____

Business Address _____

Business Phone _____ Cell Phone _____

Email _____ Website _____

Does your current employment or professional practice involve advocacy on behalf of labor organizations or or management in any capacity? Yes No

EXPERIENCE AS AN IMPARTIAL IN LABOR DISPUTES Indicate number of cases handled as:

Grievance Arbitrator: _____ Interest Arbitrator: _____ Mediator: _____ Fact-finder: _____

Membership in other panels (for internal use only):

FMCS panel: Yes, since _____ No AAA panel: Yes, since _____ No

Other _____ Since _____

Other _____ Since _____

Employment with labor relations administrative agencies:

Agency _____ From _____ To _____

Position _____

Agency _____ From _____ To _____

Position _____

Brief description of industries dealt with (public or private sector, bargaining unit types):

Brief description of issues dealt with (this information is helpful to parties when selecting arbitrators):

OTHER QUALIFYING EXPERIENCE:

Firm or Organization _____

Position _____

From _____ To _____ Impartial or Advocacy? _____

Firm or Organization _____

Position _____

From _____ To _____ Impartial or Advocacy? _____

EDUCATIONAL BACKGROUND:

Degree _____ Date _____ Major _____
Institution _____
Degree _____ Date _____ Major _____
Institution _____
Degree _____ Date _____ Major _____
Institution _____
Other _____

PROFESSIONAL CERTIFICATIONS AND LICENSES:

Profession _____
Certificate/license issued by _____ Date _____
Profession _____
Certificate/license issued by _____ Date _____
Profession _____
Certificate/license issued by _____ Date _____

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:

Organization Name _____ Member since _____
Organization Name _____ Member since _____
Organization Name _____ Member since _____

AVAILABILITY:

Do you desire to be referred for interest arbitration cases? Yes No
(See WAC 391-55-110(3) - you must submit at least five sample decisions to the Commission.)

Do you desire to be referred for fact-finding cases? Yes No

Indicate any constraints on your availability:

CURRENT FEES:

Hourly or per diem rate \$ _____
Cancellation Fees _____

Travel/subsistence charges _____

Other fees charged _____

I hereby apply for membership on the Dispute Resolution Panel maintained by the Washington State Public Employment Relations Commission. I agree to make a written request for placement on inactive status prior to undertaking any advocacy work as the representative of either labor or management, to notify the Commission of any changes in qualifications work as the representative of either labor or management, and notify the Commission of any changes in qualifications or ability to serve.

Signature _____ Date _____