

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-231074

Date Filed

11/15/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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:
Wright Service Center LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
14140 Cypress N Houston
Cypress, TX 77429

3a. Employer Representative - Name and Title:
Alfred Donaldson - Supervisor

3b. Address (if same as 2b - state same):
SAME

3c. Tel. No.
281-477-6662

3d. Cell No.
713-817-6902

3e. Fax No.
281-477-6882

3f. E-Mail Address
Adonaldson@mpnexuslevel.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Fleet Mechanic shop

4b. Principal Product or Service
Vehicle and equipment repair

5a. City and State where unit is located:
Cypress TX

5b. Description of Unit Involved:
Included:
See attachment "A"
Excluded:
See Attachment "A"

6a. Number of Employees in Unit:
14

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/15/2018 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)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type:

☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
12/10/2018

11c. Election Time(s):
8:00 A.M. - 10:00 A.M.

11d. Election Location(s):
14140 Cypress N. Houston Cypress, Tx 77429

12a. Full Name of Petitioner (including local name and number):

International Brotherhood Of Electrical Workers Local Union 66

12b. Address (street and number, city, State and ZIP code):

4345 Allen Genoa RD.
Pasadena Tx 77504

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Brotherhood Of Electrical Workers AFL-CIO

12d. Tel. No.

713-943-0716

12e. Cell No.

346-269-3664

12f. Fax No.

713-943-0162

12g. E-Mail Address

Holmes66b@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Benjamin Holmes - Organizer/Business Representative

13b. Address (street and number, city, State and ZIP code):

4345 Allen Genoa Rd.
Pasadena Tx 77504

13c. Tel. No.

713-943-0716

13d. Cell No.

346-269-3664

13e. Fax No.

713-943-0162

13f. E-Mail Address

Holmes66b@gmail.com

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)

Benjamin Holmes

Signature



Title

Organizer/Business Representative

Date

11/15/2018

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 may cause the NLRB to decline to invoke its processes.

ATTACHMENT "A"

The Petitioner seeks a self-determination election in the voting group of employees listed below. The election would determine whether the petitioned-for employees desire to be represented by the Petitioner, and thereby to be taken to have indicated their desire to be represented.

Included: All regular full time and part time employees outlined in job classifications and titles included in the fleet department in the southern division employed by Wright Service Center LLC located in Cypress, Texas.

Excluded: All other employees, including office, clerical employees, professional employees, guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 16-RC-231654	Date Filed 11/27/2018

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 RED RIVER SCIENCE & TECHNOLOGY		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 2566 WILSON WAY BLDG. 4055, FORT SAM HOUSTON, SAN ANTONIO, TX 78234	
3a. Employer Representative - Name and Title RAUL BENAVIDES		3b. Address (if same as 2b - state same) (SAME AS ABOVE)	
3c. Tel. No. 210-677-9155	3d. Cell No.	3e. Fax No.	3d. E-Mail Address RAUL.BENAVIDES15.CTR@MAIL.MIL
4a. Type of Establishment (Factory, mine, wholesaler, etc.) BUS GARAGE		4b. Principal product or service SCA	
5b. Description of Unit Involved Included: ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: BUS DRIVERS AND DISPATCHERS. Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.		5a. City and State where unit is located: FORT SAM HOUSTON SAN ANTONIO, TX	
6a. No. of Employees in Unit: 20		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on <u>Petition will serve as request for recognition</u> and Employer declined recognition on or about _____ (date) (if no reply received, so state). <input type="checkbox"/> 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 N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>N/A</u> 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) NONE			
10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): DECEMBER 18, 2018	11c. Election Time(s): 7:30 AM - 10:00 AM & 1:30 PM - 5:00 PM	11d. Election Location(s): BREAK ROOM IN PLANT	
12a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO			
12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13d. E-Mail Address JLITTLE@IAMAW.ORG
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) JAMES R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 11/27/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-231712

Date Filed

11/28/2018

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:
Jose Ernesto Salazar, LLC. d/b/a JESCO

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
102 Fletcher Dr, Suite A, Del Rio, TX 78840

3a. Employer Representative - Name and Title:
Jose Salazar, Owner

3b. Address (if same as 2b - state same):
SAME

3c. Tel. No.
830-422-2218

3d. Cell No.
830-765-0657

3e. Fax No.

3f. E-Mail Address
salazar.jesco@yahoo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Government Facility

4b. Principal Product or Service
Custodial and Maintenance Service

5a. City and State where unit is located:
Brownsville, TX

5b. Description of Unit Involved:

Included:

See attachment

Excluded:

See attachment

6a. Number of Employees in Unit:
9

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state). and Employer declined recognition

☐ 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:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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)

NONE

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type:

☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

Mail

11c. Election Time(s):

Mail

11d. Election Location(s):

Mail

12a. Full Name of Petitioner (including local name and number):

Consolidated Commercial Workers of America, Local 528

12b. Address (street and number, city, State and ZIP code):

148-06 Hillside Ave, Jamaica, NY 11435

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

NOITU-IUJAT

12d. Tel. No.

718-291-3434

12e. Cell No.

12f. Fax No.

718-526-2920

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Gerald Hustick, Representative

13b. Address (street and number, city, State and ZIP code):

148-06 Hillside Ave, Jamaica, NY 11435

13c. Tel. No.

718-291-3434

13d. Cell No.

13e. Fax No.

718-526-2920

13f. E-Mail Address

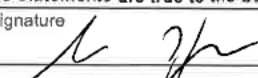
ghustick@noitu.org

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)

Gerald Hustick

Signature



Title

Representative

Date

11/28/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Jose Ernesto Salazar, LLC d/b/a JESCO

5b.

Included: All full-time and regular part-time employees working on the employer's contract with the Government at U.S. border crossing facilities in Brownsville, TX.

Excluded: All office, clerical, guards, professional, confidential employees, and supervisors, as defined in the National Labor Relations Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

16-RD-230883

Date Filed

11/13/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 BON APPETIT MANAGEMENT CO		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3001 S. CONGRESS AVE. AUSTIN, TX 78704	
3a. Employer Representative - Name and Title MICHAEL SMITH - GENERAL MANAGER		3b. Address (if same as 2b - state name) (SAME AS ABOVE) " "	
3c. Tel. No. 512-428-1016	3d. Fax No. 512-428-1377	3e. Cell No.	3f. E-Mail Address MICHAEL.SMITH@CAFEBONAPPETIT.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) FOOD SERVICE		4b. Principal product or service FOOD SERVICE	

5a. Description of Unit Involved Included: ALL BARGAINING UNIT EMPLOYEES Excluded: ALL NON-BARGAINING UNIT EMPLOYEES	5b. City and State where unit is located: AUSTIN, TX.
--	---

6. No. of Employees in Unit 80	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

8a. Name of Recognized or Certified Bargaining Agent UNITE HERE LOCAL 23		8b. Affiliation, if any	
8c. Address 2506 SUTHERLAND ST. HOUSTON, TX. 77023		8d. Tel. No. 646-831-3368	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification JANUARY 20, 2016	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) JANUARY 19, 2019
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating? a labor organization, of
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) since (Month, Day, Year)	

12. Organizations or individuals other than those named in Items 8 and 11c, 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 5 above. (If none, so state)

12a. Name NONE	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) A.S.A.P.	13c. Election Time(s) A.S.A.P.	13d. Election Location(s)
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14. Full Name of Petitioner(s) (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	
		14c. Fax No. (b) (6), (b) (7)(C)	
		14d. Cell No. (b) (6), (b) (7)(C)	

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name (b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)
15c. Address (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

I declare that I have read the above petition and that the foregoing is true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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