

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](http://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.**

<b>2a. Name of Employer</b> Nursing Home Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1020 N. Euclid Ave. Anytown, TN 38903
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<b>3a. Employer Representative – Name and Title</b> Sylvia Jenkins, Administrator	<b>3b. Address (If same as 2b – state same)</b> Same
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<b>3c. Tel. No.</b> 989.444.5678	<b>3d. Fax No.</b> 989. 444.5679	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b> SJenkins@NursingHome.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Nursing Home	<b>4b. Principal product or service</b> Health care	<b>5a. City and State where unit is located:</b> Anytown, TN
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<b>5b. Description of Unit Involved</b>  <b>Included:</b> All LPNs, certified nursing aides, and dietary aides  <b>Excluded:</b> office clerical and professional employees, guards and supervisors as defined in the Act	<b>6a. No. of Employees in Unit:</b> 32
	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> YES

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**

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

<b>12. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>12a. Election Type:</b> <input checked="" type="checkbox"/> Manual _____ Mail _____ Mixed Manual/Mail
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<b>12b. Election Date(s)</b> Friday, May 15, 2015	<b>12c. Election Time(s)</b> 6 to 8 am and 3 to 4 pm	<b>12d. Election Location(s)</b> Breakroom
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<b>13a. Full Name of Petitioner (including local name and number)</b> International Association of Health Workers, Local 100	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1090 S. 4 <sup>th</sup> 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

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

<b>14d. Tel No.</b> 989-992-1436	<b>14f. Cell No.</b> 989-992-1436	<b>14e. Fax No.</b> 989-992-1436	<b>14g. E-Mail Address</b> <a href="mailto:SWilson@healthworkers100.com">SWilson@healthworkers100.com</a>
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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.**

<b>Name (Print)</b> Susan Wilson	<b>Signature</b> <i>Susan Wilson</i>	<b>Title</b> President	<b>Date</b> 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.