

**FEDERAL MEDIATION AND CONCILIATION SERVICE**  
2100 K Street, NW  
WASHINGTON, DC 20427  
**ARBITRATOR'S PERSONAL DATA QUESTIONNAIRE**

**I. BIOGRAPHICAL**

E-Mail Address: _____	
<b>NAME: (Last, First, Middle)</b> _____	
Mr. ____ Ms. ____ Prof. ____ Dr. ____	
<b>CURRENT BUSINESS OR OCCUPATION:</b> _____	
<b>BUSINESS ADDRESS 1:</b>	<b>BUSINESS ADDRESS 2: (or Home)</b>
Street: _____	Street: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: ( ) _____	Phone: ( ) _____
Fax: ( ) _____	Fax: ( ) _____

**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)

**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.** As an arbitrator, please indicate your experience 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		
<b>DISCRIMINATION</b>			SEXUAL HARASSMENT		
• AGE			STRIKES, LOCKOUTS, WORK STOPPAGES, SLOWDOWNS		
• DISABILITY			SUBCONTRACTING/CONTRACTING OUT		
• RACE			TENURE/REAPPOINTMENT		
• SEX			UNION SECURITY		
• RELIGION			<b>WAGES</b>		
• NATIONAL ORIGIN			• COST-OF-LIVING PAY		
DRUG/ALCOHOL OFFENSES			• HOLIDAY PAY		
<b>FRINGE BENEFITS</b>			• 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.** As an arbitrator, please indicate your experience by **INDUSTRY** and check the appropriate box for the number of cases for each issue 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 EQUPMT./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.** As an arbitrator, please indicate your experience 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 empty rectangular box with horizontal lines for detailing the fee schedule.

**XVIII. Award Citations:**

Empty rectangular box with horizontal lines for award citations.

**XIX. Publications:**

Empty rectangular box with horizontal lines for 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:** \_\_\_\_\_