



## Arbitration Services – Personal Data Sheet

Date: \_\_\_\_\_

### I. Biographical

Name:	Mr.	Ms.				
			Last	First	Middle	
Home Address:				City, State, Zip Code:		
Home Telephone:				Home Fax:		
Date of Birth:				Social Security #:		
Name of Firm or Organization:				Title or Position:		
Work Address:				City, State, Zip Code:		
Work Telephone:				Work Fax:		
Name of Firm or Organization:				Title or Position:		
Email at Home:				Email at Work:		

### II. Education

Name of Institution & Complete Address:	Degree	Date	Major

### III. Railroad and Airline Experience

Do you have previous Railroad or Airline Experience – exclusive of Arbitration?      Yes       No

If yes, complete the following information:

Name of Company/Organization & Complete Address:	Position	From	To

### IV. Labor-Management Relations Experience (Include all experience unless disclosed in item III.)

Do you have previous Labor-Management Relations experience, - exclusive of Arbitration?      Yes       No

If yes, complete the following information:

Name of Company/Organization & Complete Address:	Position	From	To

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**V. Does your current employment or professional activity involve representation, advocacy, or participation in decision making for labor organizations or employers in any capacity?**

Yes  No

If yes, give a brief explanation:


**VI. Present Federal, State, County or Local Government positions** (include full-time, part-time, elected or appointed)


**VII. Experience as an arbitrator - Estimated number of Awards issued** (lifetime total) **in:**

Labor	Railroads	Airlines

**VIII. Professional Rosters and memberships in Labor Relations**

(NAA, AAA, FMCS, SPIDR, IRRA, etc.)

Labor	Railroads	Airlines

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**IX. Availability and Fee Arrangements:**

Date Available for Appointment:	Case Limit (Check box below to denote preference – if you select “cases per month” also note the number of cases):		
	<input type="checkbox"/> Cases per month	OR	<input type="checkbox"/> Unlimited

<b>Geographic Locations</b>	If you will accept work in any location within the jurisdiction of the US Government, check this box → Otherwise, check the location(s) in the US, Puerto Rico and Virgin Islands that you will work.						
Northwest	<input type="checkbox"/>	Northeast	<input type="checkbox"/>	Southwest	<input type="checkbox"/>	Southeast	<input type="checkbox"/>
Midwest	<input type="checkbox"/>	South Central	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	Virgin Islands	<input type="checkbox"/>

**Parties –**  
Disclose any company or union which might question the advisability of your service as an arbitrator in a case. **Check here if none →**

List company or union here:

**Other –**  
Disclose any other limitation applicable to your service as an arbitrator. **Check here if none →**

Note other limitation here:

<b>Select one:</b> <input type="checkbox"/> I will perform Railroad work only	<input type="checkbox"/> I will perform Airline work only	Standard fee per day (plus expenses) \$	I will accept the Federal Government arbitrator rate when the Government is required to provide compensation. <input type="checkbox"/> ← <b>Check here if you accept</b>
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**X. Public Information:**

**Note:** This form and information contained on this form, Arbitration Services – Personal Data Sheet – NMB-4, will not be disclosed to the public. If accepted to the roster, portions of the information will be provided to the parties requesting panels of arbitrators to assist them in selecting the arbitrator best qualified to hear their disputes.

**XI. References:**

Name	Title/Position	Organization	Telephone

**XII. Certification:** To the best of my knowledge, I certify that the information I have provided on Form NMB-4 is correct.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

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Form NMB-4 OMB No. 3140-0004 (Expiration Date 08/31/2009)



**Arbitration Services – Personal Data Sheet - Number of Cases Handled**

**Instructions:** Indicate your experience by issue as follows: **NO experience** Leave Blank      **5 cases or less** Enter 1      **6 cases or more** Enter 2

Code	# of Cases	Description	Code	# of Cases	Description	Code	# of Cases	Description
118		Additional Service	4		Fitness: Out of Service	200		Protection: Work Notice
189		Agreements: Joint Trackage	176		Fitness: Quality	162		Protections: Work Transfer
6		Agreements: National	5		Fitness: Reinstatement	98		Rate of Pay: Changing
32		Agreements: On Property	142		Guarantees: Daily	62		Rate of Pay: Daily
202		Alternative Dispute Resolution	197		Guarantees: Extra Board	187		Rates of Pay Higher Due
29		Assignments: Abolish	47		Guarantees: Weekly	129		Rates of Pay: Determining
140		Assignments: Blank	155		Health and Welfare	305		Rates of Pay: Flight Attendant
139		Assignments: Change	159		Holiday Pay	174		Rates of Pay: Monthly
117		Assignments: Other	133		Injuries/Disability	306		Rates of Pay: Pilots
110		Business Trains	46		Interchange: Improper	307		Real Estate
31		Caboose/Riders Cars	301		Interest Arbitration	158		Road/Yard: Difference
105		Claims	87		Investigations	23		Road-Yard
72		Class of Rates	193		Jurisdiction	120		Run Arounds
102		Contracting Out of Work	313		Licensing: Airlines	84		Safety
58		Crew Consist	95		Meal Period	64		Sen. Rosters (Integration)
312		Crew Qualifications: Airlines	127		Medical Examination	308		Sen.Rosters: (Integration): Airlines
36		Deadheading	101		Mergers and Acquisitions	309		Service Charge Objectors
173		Discipline/Discharge: Reinstatement	37		Mileage	7		Service: Class of
119		Discipline/Discharges: Out of Service	24		OP Rule Violation	153		Service: Doubleheader
15		Discipline/Discharges: Attendance	177		Other Crafts Doing Work	43		Service: Grades of
106		Discipline/Discharges: Other (Including Union Business)	172		Overtime	2		Service: Hostling
16		Discipline/Discharges: Substance Abuse	44		Pay Differentials	137		Service: Hours of
128		Displacement Rights	302		Pensions	310		Severance Pay
300		Dress Codes	163		Picking Up and Set Out	25		Sick Leave
201		EEO Rights	303		Pilot Qualifications	9		Strikes
311		Employee Benefits: Dispute	156		Protection: Employees	96		Supervisor Doing Work
175		Equipment Damage/Collision	304		Protection: LPP's	28		Terminal Delay
195		Equipment/Engine: Defective	164		Protection: Claims Appl.	167		Vacation Pay
999		Experience in All Issues	86		Protection: ICC Imposed	314		Weight Equipment: Airlines
						196		Yard Service

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## PRIVACY ACT NOTICE

**Pursuant to Section 3 (e)(3) of the Privacy Act of 1974 (Public Law 93-579), the individual furnishing information on the Form NMB-4, Arbitration Services Personal Data Sheet, is hereby advised as follows:**

**Authority** – Section 201.(b) of the Labor Management Relations Act of 1974 and 29 CFR 1404 constitute the authority for soliciting this information.

**Purpose and Use** – The information provided on this form will be used by the NMB Office of Arbitration Services to evaluate applicants for possible inclusion on the NMB roster of arbitrators and to update the information relative to current roster members. If accepted to the roster, pertinent information will be provided to the parties requesting panels of arbitrators to assist them in selecting the arbitrator best qualified to hear their dispute.

**Effects on Non-disclosure** – While completion of this form is voluntary, no individual will be admitted to the NMB Roster of Arbitrators unless pages 1 – 4 of NMB-4 are completed and submitted to the agency.