

MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
EMPLOYMENT RELATIONS COMMISSION (MERC)

Application For Appointment To Act 312/ Factfinding/ Grievance Arbitration Panel(s)

AUTHORITY: P.A. 380 OF 1965, AS AMENDED
COMPLETION: VOLUNTARY
PENALTY: NONE

THE DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

*****INSTRUCTIONS: PLEASE REVIEW THE QUALIFICATION AND REQUIREMENTS FOR MERC'S PANEL MEMBERS.
YOU MUST PROVIDE ALL REQUESTED INFORMATION AND ATTACH ADDITIONAL SHEETS, AS NECESSARY.**

1. APPLICANT'S FULL NAME	BUSINESS NAME / COMPANY NAME (if applicable)
HOME ADDRESS**	BUSINESS/ COMPANY ADDRESS**
CITY STATE ZIP CODE	CITY STATE ZIP CODE

2. **CONTACT DETAILS:**
BEST CONTACT PHONE NUMBER: _____ CELL/TEXT NUMBER (Include Area Code) _____

EMAIL: _____

3. **TYPE OF APPLICATION (Check All That Apply)**

GRIEVANCE ARBITRATION FACT FINDING ACT 312 ARBITRATION

*****MI residency required for Act 312/Fact Finding)****

4. **EMPLOYMENT / EXPERIENCE BACKGROUND** (Must have 10 years or more of Senior-Level Business Or Professional Experience Or Legal Practice)
PROVIDE A GENERAL SUMMARY OF YOUR OCCUPATIONAL OR LEGAL PRACTICE EXPERIENCE

a. CURRENT EMPLOYMENT:	DATES AND DESCRIPTION OF EMPLOYMENT
ADDRESS _____	
CITY STATE ZIP CODE _____	
Position Title: _____	
Supervisor's Name/ Number _____	
Supervisor's Email: _____	

b. PREVIOUS EMPLOYMENT	DATES AND DESCRIPTION OF EMPLOYMENT
ADDRESS _____	
CITY STATE ZIP CODE _____	
Position Title: _____	

c. PREVIOUS EMPLOYMENT	DATES AND DESCRIPTION OF EMPLOYMENT
ADDRESS _____	
CITY STATE ZIP CODE _____	

d. PREVIOUS EMPLOYMENT	DATES AND DESCRIPTION OF EMPLOYMENT	
ADDRESS		
CITY STATE ZIP CODE		
e. PREVIOUS EMPLOYMENT	DATES AND DESCRIPTION OF EMPLOYMENT	
ADDRESS		
CITY STATE ZIP CODE		
5. COLLEGES AND UNIVERSITIES ATTENDED—MAJOR FIELD OF STUDY See attached requirement	DEGREES RECEIVED	DATES
6. SPECIALIZED EDUCATION OR TRAINING RELEVANT TO YOUR QUALIFICATIONS TO ACT AS A MERC PANEL MEMBER		
7. BUSINESS AND/OR PROFESSIONAL ORGANIZATIONS.		
8. IDENTIFY HONORS, CITATIONS OR AWARDS AS EXAMPLES OF YOUR EXPERIENCE IN THE FIELD.		
9. DESCRIBE YOUR EXPERIENCE AS A LABOR ARBITRATOR or OTHER RELATED POSITION. LIST ANY ARBITRATION ROSTERS ON WHICH YOU ARE A MEMBER AND ANY RECENT AWARDS ISSUED.		
10. DESCRIBE ANY LABOR ARBITRATION EXPERIENCE IN MERC OR OTHER LABOR RELATIONS PROCEEDINGS AS AN ADVOCATE OR COLLECTIVE BARGAINING EXPERIENCE - IDENTIFYING THE PART(IES) REPRESENTED AND THE NUMBER OF CASES HANDLED. LIST ESPECIALLY COLLECTIVE BARGAINING EXPERIENCE AS CHIEF NEGOTIATOR. PLEASE SUBMIT COPIES OF PRIOR ARBITRATION AWARDS, ARTICLES, BRIEFS AND/OR OTHER RECENT EXAMPLES OF YOUR LEGAL WRITING. (YOU MUST HAVE THE ABILITY TO WRITE CLEARLY AND CONCISELY – AS EVIDENCED BY 2 OR MORE WRITING SAMPLES, PREFERABLY OF RECENT ORIGIN.)		
11. DESCRIBE ANY TRIAL OR HEARINGS EXPERIENCE		

12. DESCRIBE ANY OTHER BUSINESS, PROFESSIONAL OR OTHER EXPERIENCES THAT YOU DEEM RELEVANT TO YOUR BEING QUALIFIED TO ACT AS A MERC APPROVED LABOR ARBITRATOR OR FACT FINDER.

13. ON A SEPARATE PAGE, PLEASE RESPOND TO THE FOLLOWING THREE QUESTIONS:

- A) EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO IMPARTIALLY HEAR AND DECIDE COLLECTIVE BARGAINING DISPUTES?
- B) DESCRIBE YOUR GENERAL KNOWLEDGE OF THE COLLECTIVE BARGAINING PROCESS AND YOUR SPECIFIC EXPERIENCE AND TRAINING IN THE PROCESS.
- C) WHY ARE YOU INTERESTED IN SERVING ON MERC'S PANEL OF NEUTRALS?

14. STATE YOUR PER DIEM RATES FOR GRIEVANCE ARBITRATION AS WELL AS CANCELLATION POLICY AND OTHER APPLICABLE CHARGES.

15. WITHIN THE PAST 5 YEARS, HAVE YOU OR A FIRM OR OTHER EMPLOYER/FIRM WITH WHICH YOU HAVE BEEN ASSOCIATED REPRESENTED A UNION OR AN EMPLOYER IN ANY CAPACITY? YES NO. IF YES, PLEASE IDENTIFY AND DESCRIBE THE REPRESENTATION.

16. PROVIDE LETTERS OF RECOMMENDATION FROM THREE (3) LAUDABLE PERSONS IN THE LABOR RELATIONS *FIELD* (*ONE EACH FROM MANAGEMENT SIDE, LABOR SIDE AND A NEUTRAL*).

SIGNATURE OF APPLICANT

DATE

ACKNOWLEDGEMENTS:

I HEREBY ACKNOWLEDGE THAT I AM WILLING TO SUPPORT THE EFFORTS, STATUTES, RULES AND PROCESSES AT MERC, INCLUDING ADHERING TO AND SUBMITTING AWARDS/REPORTS WITHIN STATUTORY OR OTHER ESTABLISHED TIME FRAMES.

SIGNATURE

DATE

I AGREE TO PARTICIPATE IN FUTURE MERC RELATED TRAINING EVENTS RECOMMENDED FOR PANELS MEMBERS AND COMPLETE THE "SHADOWING" REQUIREMENT UNLESS WAIVED BY THE COMMISSION.

SIGNATURE

DATE

SEND APPLICATION AND ANY ATTACHMENTS TO:

BUREAU OF EMPLOYMENT RELATIONS

MAIL: 3026 W. GRAND BLVD., STE. 2-750, P.O. BOX 02988, DETROIT, MI 48202-2988

EMAIL: (pdf attachments only)-- mercpanel@michigan.gov

- **Michigan Residency required for ACT 312 and Fact Finding panel members.**