

**ILLINOIS PUBLIC EMPLOYEES MEDIATION/ARBITRATION
ROSTER
– APPLICATION –**

INSTRUCTIONS: The Roster is established pursuant to the authority of the Illinois Labor Relations Board under the Illinois Public Labor Relations Act, 5 ILCS 315, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1230 et seq. Complete and return this form to the Board at the following email address: ilrb.filing@illinois.gov

1. **NAME:** _____

2. **ADDRESS:** _____
(Business)

_____ (Home)

3. **TELEPHONE:** _____ **E-MAIL:** _____
(Business) (Business)

_____ **E-MAIL:** _____
(Personal) (Personal)

4. **OCCUPATION:** _____

5. **EDUCATION:** _____

7. **FOR WHICH PANEL(S) ARE YOU APPLYING:**

- MEDIATION
- FACT-FINDING
- INTEREST ARBITRATION
- GRIEVANCE ARBITRATION
- GRIEVANCE MEDIATION
- ALL OF THE ABOVE

8. LENGTH OF SERVICE AS:

Mediator: _____

Fact-Finder: _____

Interest Arbitrator: _____

Grievance Arbitrator: _____

Grievance Mediator: _____

ARE YOU A FULL-TIME ARBITRATOR? _____

9. AREAS OF EXPERTISE: (list a sample of cases/clients)

A) MEDIATION _____

B) INTEREST ARBITRATION _____

C) GRIEVANCE ARBITRATION _____

D) FACT-FINDING _____

10. HOW DID YOU GAIN EXPERIENCE AS AN ARBITRATOR:

A) **FORMAL ARBITRATOR TRAINING PROGRAM**

If so, which one: _____

B) **MENTOR**

If so, whom: _____

C) **PRIOR EXPERIENCE** (please explain)

D) **OTHER** (please explain)

11. CURRENT ADVOCACY IN LABOR RELATIONS MATTERS:

If you sometimes act in an advocate role in labor relations matters, please list any and all parties you represent and designate as either Management or Labor. Also, please state whether there may be any parties or situations before the Board in which you could not act in a neutral capacity.

12. PANEL MEMBERSHIPS:

- A) American Arbitration Association, Labor Arbitration Panel
- B) Federal Mediation and Conciliation Service, Labor Arbitration Panel
- C) Public Employment Relations Boards (list)

- D) State of Illinois/AFSCME Grievance Arbitration Panel
- E) Postal Service
- F) Expedited Panels (list)

- G) National Panels (list)

- H) Other Panels (list)

13. LABOR RELATIONS ACTIVITIES:

(Please list all labor relations activities not detailed elsewhere on this form, i.e., consulting, teaching, speeches, offices held in professional groups, etc.)

14. PROFESSIONAL MEMBERSHIPS:

- A) National Academy of Arbitrators

- B) Association of Labor Relations Agencies (ALRA)
- C) Society of Professionals in Dispute Resolution (SPIDR)
- D) Industrial Relations Research Association
- E) OTHER (specify)

15. PROFESSIONAL AWARDS/HONORS: (name of award/honor, presenting organizations, date)

16. ARBITRATED ISSUES AND INDUSTRIES:

(list generally and also give specific citations to a sample of awards rendered in any of the areas for which you desire to be listed, e.g., interest arbitration, fact-finding, etc.)

17. PUBLIC SECTOR EXPERIENCE: (delineate any experience you may have had in any of the following areas)

A) Educational Employees _____

B) State of Illinois _____

C) Counties _____

D) Municipalities _____

E) Other States _____

F) Law Enforcement _____

G) Federal _____

18. PUBLICATIONS: (title, publisher/journals, date)

19. REFERENCES:

(Please list any references who may confirm your experience and qualifications. Please include telephone numbers.)

20. FEES FOR:

Mediation/Arbitration: _____

Cancellation Fees and Policy: _____

Docketing Fees: (if any) _____

Travel: _____

21. Do you know of any complaint that has been made against you to any ethics committee of the bar, or of any disciplinary action against you? If so, state the nature of the grievance, the name of the committee and the disposition thereof.

Please indicate any other information which may appear to reflect unfavorably on the consideration of you as a member of the Roster and, on a separate sheet, any explanation you would like the Board to consider.

I certify that I am an Illinois Resident and that the information on this application is true and accurate to the best of my knowledge.

(Signature)

(Date)
