

I.A.T.S.E. Local 442 Application for Employment Referral

Contact Information

Name: _____ Mobile: _____

Street: _____ Home: _____

City: _____ E-Mail: _____

State: _____ Zip: _____

Non-Discrimination Policy and Referral Information

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

All qualified applicants will receive consideration for employment referral without regard to sex, race, color, age, national origin, ancestry, sexual orientation, political beliefs, etc.as prohibited by Federal or State Laws. No information on this questionnaire will be used for the purpose of discrimination.

I understand that completion of this questionnaire does not guarantee a personal interview or work referral. I voluntarily grant the Union the right to investigate the statements made on this questionnaire as well as other job related information and activities and will provide my references upon request.

I understand that the work for which I am requesting referral is part-time, temporary, and seasonal in nature. I further understand that referral calls are made based on my qualifications, experience, employer requests and my availability to work. I agree that any jobs to which I may be referred are not in any way guaranteed to be steady employment and that such referrals do not constitute a right to continued referrals.

I understand that regardless of my membership or non-membership, I.A.T.S.E. Local442 will at all times stand ready to protect me in any grievances or job disputes which may arise in the course of my employment in the manner provided under the contracts between the Union and the Employer.

I certify that I am at least eighteen (18) years of age and that I am physically able to do the work for which I am requesting referral. I understand that the falsification of any statement made by me on this application is grounds for disqualification from further consideration in referrals made by the Union.

I also agree to provide I.A.T. S.E. Local 442 with current information on my address, phone number and availability to work. I agree to notify the Union in writing if I am no longer able to or interested in, accepting work referrals and will provide such updated information to the Union in a timely manner.

Signature: _____

Date: _____

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Background Information

How long have you lived in the Tri-Counties Area?

How did you hear about Local 442?

Are you known by any members of Local 442? Whom?

What are your career goals regarding technical theatre?

Mark the list below according to the following scale:

P = Proficiency

B = Basic Knowledge

S = Some Experience

N = No Experience

- | | | |
|---|---|---|
| <input type="checkbox"/> Scenic Construction | <input type="checkbox"/> Wigs/Hair | <input type="checkbox"/> Makeup |
| <input type="checkbox"/> Fly and Pin Rail Operation | <input type="checkbox"/> Ground Rigging | <input type="checkbox"/> High Rigging |
| <input type="checkbox"/> Hanging/Focusing Lights | <input type="checkbox"/> Moving Light Programming | <input type="checkbox"/> Followspot Operation |
| <input type="checkbox"/> Lighting Console Operation | <input type="checkbox"/> Sound Console Operation | <input type="checkbox"/> Video Projection |
| <input type="checkbox"/> Film Projection | <input type="checkbox"/> Reading Drawings & Plots | <input type="checkbox"/> Creating Paperwork |
| <input type="checkbox"/> Forklift Operation | <input type="checkbox"/> Scenic Painting | <input type="checkbox"/> Props Construction |
| <input type="checkbox"/> Weight Loading | <input type="checkbox"/> Soft Good Construction | <input type="checkbox"/> Pipe and Drape |
| <input type="checkbox"/> Wardrobe Maintenance | <input type="checkbox"/> Scissor/Boom Lift | <input type="checkbox"/> Install & Display |
| <input type="checkbox"/> Costume Construction | <input type="checkbox"/> Wardrobe Laundry | <input type="checkbox"/> Quick Changes |

Related Work Experience

List any related work experience, including paid and unpaid positions. **

| Business or Organization | Position(s) Held | Date(s) Held | Paid Y/N |
|--------------------------|------------------|--------------|----------|
| | | | |
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| | | | |
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continue on back if necessary

The information I have provided in this application is true and accurate.

_____Signature