



I.A.T.S.E. Local 415

Application for Employment Referral

Please email this completed application to:
dispatch@iatse415.org AND businessagent@iatse415.org

Contact Information

Legal Name: _____ Last 4 digits SS# _____
Preferred Name: _____ Cell Ph. #: _____
Preferred Pronouns: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____

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. Local 415 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 415 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 Tucson area?

Is your residence in Tucson permanent, temporary, or seasonal?

How did you hear about Local 415? (Please be specific)

Are you known by any members of Local 415? Whom?

Why are you applying for work referral through this organization?

What are your career goals regarding technical theatre?

What scheduling requirements or availability considerations do you have? (i.e. days only)

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Education

Indicate each level completed:

- High School Diploma
- Associate's Degree Field of study:
- Bachelor's Degree Field of study:
- Master's Degree Field of study:
- Other Field of study:

List any related special classes or training, and any certificates held:

Classes or Training	Location	Certificate(s) Held	Date(s)

add attachment if necessary

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Work Experience

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

Business or Organization	Position(s) Held	Date(s) Held	Paid Y/N

add attachment if necessary

List other theatrical unions or allied trade organizations with which you have been affiliated.

Union or Trade Organization	Position(s) Held	Date(s)	Member Y/N

add attachment if necessary

How many years you have worked for the following:

- | | | |
|------------------------------|------------------------------|--------------------------------|
| _____ Symphony Orchestras | _____ Dance Companies | _____ Opera Companies |
| _____ Broadway Theatre | _____ Ice Shows | _____ Touring Companies |
| _____ Musical Acts | _____ Sound Companies | _____ Lighting Companies |
| _____ Rigging Companies | _____ Trade Shows | _____ Costume Shops |
| _____ Film Production Crews | _____ Video Production Crews | _____ Recording Studios |
| _____ Scenic Carpentry Shops | _____ Painting Studios | _____ Theatrical Rental/Supply |
| _____ Staging Contractors | _____ A/V Companies | _____ Conventions |

Explain your work experience as completely as possible (add attachment if necessary):

**** Attach a resume if one is available.**

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Skills

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> I am comfortable working at heights: | <input type="checkbox"/> Truss | <input type="checkbox"/> A-Frame Ladder | <input type="checkbox"/> Personnel Lift |
| <input type="checkbox"/> ETCP Certified (specify) | <input type="checkbox"/> First Aid Certified | <input type="checkbox"/> CPR Certified | |
| <input type="checkbox"/> Boom Lift Certified | <input type="checkbox"/> Scissor Lift Certified | <input type="checkbox"/> Fork Lift Certified | |
| <input type="checkbox"/> Rope Access Certified | <input type="checkbox"/> Osha 30 Certified | <input type="checkbox"/> Osha 10 Certified | |
| <input type="checkbox"/> CDL | | | |
|
I feel most qualified to work in: | <input type="checkbox"/> Sound | <input type="checkbox"/> Electrics | <input type="checkbox"/> Fly Rail |
| | <input type="checkbox"/> Rigging | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Properties |
| | <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Wigs/Hair | <input type="checkbox"/> Makeup |
| | <input type="checkbox"/> Trade Shows | <input type="checkbox"/> Audio/Visual | |
|
I feel comfortable working in: | <input type="checkbox"/> Sound | <input type="checkbox"/> Electrics | <input type="checkbox"/> Fly Rail |
| | <input type="checkbox"/> Rigging | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Properties |
| | <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Wigs/Hair | <input type="checkbox"/> Makeup |
| | <input type="checkbox"/> Trade Shows | <input type="checkbox"/> Audio/Visual | |
|
I can tie the following knots: | <input type="checkbox"/> Bowline | <input type="checkbox"/> Clove Hitch | <input type="checkbox"/> Figure of Eight |
| | <input type="checkbox"/> Half Hitch | <input type="checkbox"/> Sheet Bend | |

Mark the list below with the number of years you have worked in each craft

- | | | |
|---------------------------|----------------------------------|---------------------------|
| _____ Scenic Carpentry | _____ Wigs/Hair | _____ Theatrical Makeup |
| _____ Fly Rail | _____ Wardrobe | _____ Trade Shows |
| _____ Theatrical Lighting | _____ Wardrobe Laundry | _____ Pipe and Drape |
| _____ Audio | _____ Sound Console Operation | _____ Install & Display |
| _____ Theatrical Props | _____ Followspot Operation | _____ Carpet |
| _____ Rigging | _____ Lighting Console Operation | _____ A/V Corporate |
| _____ Weight Loading | _____ Camera Operation | _____ Video Projection |
| _____ Truck Loading | _____ Soft Goods Construction | _____ Boom Lift Operation |
| _____ Basic Stagehand | _____ Scenic Painting | _____ Forklift Operation |

Explain your experience in these areas as completely as possible (add attachment if necessary):

- I am interested in becoming a member of Local 415. I understand that membership is not a condition of employment. Please send me an application for membership.

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

Signature: