



IATSE Local 99 Motion Picture/Television Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO GED?: YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

MP & TV DEPARTMENT & CRAFTS LIST

Select up to two.

<u>ART</u>	<u>CONSTRUCTION</u>	<u>GREENS</u>	<u>PAINT</u>	<u>SET DECORATING</u>
Art Dept. Coordinator	Coordinator	Foreman	Charge Scenic	Decorator
Set Designer	Foreman	Gang Boss	Scenic Artist	Leadman
Graphic Artist	Buyer	Greensman	Foreman	Draper
	Gang Boss		Gang Boss	Dresser
<u>CRAFT SERVICE</u>	Toolman	<u>SPECIAL EFFECTS</u>	Sign Writer	On-Set Dresser
Key Craft Service	Propmaker	Coordinator	On-Set Painter	Buyer
Asst. Craft Service	Model Maker	Foreman	Set Painter	
	Welder	Effects Technician	Utility	<u>SOUND/VIDEO</u>
<u>ELECTRICAL</u>	Utility			Mixer
Gaffer		<u>GRIP</u>	<u>PLASTER</u>	Boom Operator
Best Boy	<u>PROPS</u>	Key Grip	Foreman	Utility
Lamp Operator	Prop Master	Best Boy	Plasterer	Playback Operator
Generator Operator	Asst. Prop Master	Dolly Grip		24-Frame Playback
Dimmer Operator	Props Person	Grip	<u>WARDROBE</u>	Projectionist
Electrician	Armorer		Costume Designer	Video Playback
Dimmer Board Op	Marine Coordinator		Supervisor	Video Assist
	Picture Car Coordinator		Key Costumer	ENG Sound
<u>PRODUCTION</u>	On-Set Picture Cars/Boats		Key Set Costumer	
Office Coordinator	Boat Handler		Set Costumer	<u>MISC</u>
Asst. Coordinator	<u>RIGGING</u>	<u>HAIR/MAKE-UP</u>	Costumer	Medic*
Payroll Accountant	Key Grip	Head Dept.	Ager/Dryer	Set Teacher*
Accountant	Gaffer	Key	Seamstress/ Tailor	Script Supervisor
1st Asst. Accountant		Assistant	Buyer	
2nd Asst. Accountant				

CERTIFICATIONS LIST

(If you choose one of the crafts above with * , you must have a current certification from the below list.)

Ariel Work Platform	OSHA
CPR/First Aid	Safety Passport
ETCP	SCUBA
Fall Protection	SPRAT
Federal or State Explosive License	Teaching:
Forklift Certification	UT State Education Certificate
Medic: ACLS, AMLS, BLS, CAN,	Welding
EMS, EMT, LPN, NPQ Firefighter, PALS,	
Paramedic, RN	

SPECIAL SKILLS LIST

(You may list up to three of the special skills provided below.)

Alterations	Metal Fabrication
Arena Rigging	Puppet Fabrication
Arial Platforms	Storyboard Artist
CAD	Teleprompter Operator
Genny Operator	Welder
Marksmanship Coach	

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Previous Motion Picture/Television Employment

You may also attach a resume to this application.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ May we contact your previous supervisor for a reference? YES NO

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ May we contact your previous supervisor for a reference? YES NO

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ May we contact your previous supervisor for a reference? YES NO

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Authorization for Employer to Deduct Assessments

Effectively immediately, the undersigned assigns Local 99 of the International Alliance of Theatrical Stage Employees the sum of 2% of all wages earned, and authorizes and directs all signatory employer(s) to the list of agreements below to deduct such sum from their wages and to remit the same to said union as a work assessment. This assignment shall be irrevocable for a period of at least one year, and shall be automatically renewed, with the same irrevocability, for successive like periods, unless terminated by the undersigned in writing not more than twenty (20) nor less than ten (10) days prior to expiration of such period.

Print Name _____ Social Security Number _____ - _____ - _____

Address _____

Signature _____ Date _____

Videotape Agreement
Area Standards Agreement (ASA)
Low Budget Theatrical Agreement (LBA)
AICP Commercial Agreement
Independent Commercial Agreement
Music Video Agreement (prob not used very often!)
Pay TV Agreement (episodic HBO, STARZ, Showtime, Cinemax)
HBO Films Agreement (HBO long form)