



IATSE LOCAL 891

International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada • British Columbia and the Yukon

Page 1 - MAKE-UP DEPARTMENT APPLICATION FORM

Please indicate which status you are applying for:

PERMITTEE STATUS

SISTER LOCAL STATUS

For members of IATSE Sister Locals: A current letter of good standing from your home local is required. Please contact your home local to obtain a current letter of good standing, the letter must provide the date to which your quarterly dues have been paid.

I have attached proof of a current letter of good standing in pdf format from IATSE Local# _____.

Please indicate which positions you are applying to in the Make-Up Department:

Make-Up

Special Make-Up Effects

Both Make-Up and Special Make-Up Effects

***Copies of your resume and required documents (such as certificates, tickets, etc.) must be emailed to applications@iatse.com as attachments along with your completed application. PDF format preferred.**

Please complete the following details

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET CITY PROVINCE/POSTAL CODE

Providing birthdate and gender information is optional. This is asked for demographics only and will not be used to determine eligibility.

Birthdate: _____ day month year Gender: _____

Home Phone: _____ Mobile Phone: _____

E-Mail Address: _____ Website: _____

Emergency contact - Optional: Name _____ Phone: _____

Last 4 digits of Social Insurance #: _____

IATSE LOCAL 891 PERMITTEE AND SISTER LOCAL APPLICATION AGREEMENT – MUST BE SUBMITTED WITH APPLICATION

1. I, _____ acknowledge that I have read and will fully abide by the IATSE Local 891 (the “Local”) Availability and Dispatch Procedures that are located on the Local’s website [here](#). I understand that these procedures are subject to change at the discretion of the Local, and that it is my responsibility to monitor the website to stay apprised of any changes and to abide by them.
2. As a Permittee applicant, or once approved as a Permittee, I agree that I will not accept work within the jurisdiction of the Local without first gaining the Local’s authorization by a valid permit and/or record of Union dispatch. If I am contacted directly by a production, I recognize that it is my responsibility to verify my hiring by contacting the Local’s Dispatch at 604-664-8916. I acknowledge that it is my sole responsibility to ensure that I have been properly dispatched or work permitted by the Union, that repeated infractions of this kind can result in my removal from the Local’s permittee roster, and any unauthorized days worked will not count towards membership requirements.
3. I understand that if permitted or dispatched to accept work I am required to provide the Canadian and Provincial residency information sufficient to ensure that the production company is eligible to receive the federal and provincial incentives including tax credits. This information can be found on the Local’s website at [here](#).
4. I acknowledge and agree that any work I receive as a Permittee applicant or approved Permittee is also subject to the following:
 - Work is as a non-member of the Local and will not create or be counted towards retroactive seniority should I be granted membership in the future;
 - Work is of a very temporary nature, acceptance of such work does not create an entitlement to ongoing or future work, and there is no obligation on the Local to assist or provide future work opportunities as a non-member;
 - There is no guarantee of work; and,
 - The Local has the right to make the final determination of any/all work offered.
5. I acknowledge that my employment will be governed by the terms of the Master Collective Agreement, or other applicable stand-alone Collective Agreement of the Local, and the policies and procedures of the Local. In addition, I understand that I am required to consent to the deduction and remittance of working dues in the amount provided for under the Collective Agreement to the Local.
6. I acknowledge that in completing this application, I am not being offered membership in IATSE Local 891, and that this applicant agreement must be signed before I am entitled to accept any work offered.

BARGAINING AUTHORIZATION: In applying, I understand that the Local intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining.

CONSENT TO THE COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION: I acknowledge that I have had an opportunity to read and agree to the Applicant Personal Information Policy located on the Local’s website [here](#) and I have had an opportunity to read and agree to the Local’s Privacy Policy located on the Local’s website [here](#).

I certify that all information stated and provided with this application is true and complete to the best of my knowledge. I authorize IATSE Local 891 to verify this information provided in this application. I agree that any intentional misrepresentation on this application could result in the termination of my union status.

Dated: _____ **Signature** _____
Signature or typed initials providing your acceptance of this agreement



IATSE LOCAL 891

International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada • British Columbia and the Yukon

Consent to Receive Electronic Communications

This form will confirm that you have consented to receive our electronic communications, including but not limited to our newsletters, production summaries, production reports, notifications with respect to seminars and fundraisers, departmental communications, communications from third parties, and other notifications we send from time to time for the purpose of (i) sharing information; (ii) establishing, developing and/or maintaining our relationship with you; and (iii) in accordance with our strategic objectives.

Please note that the provisions of our Privacy Policy continue to apply.

Please sign and date this consent below to confirm your agreement.

Last 4 digits of S.I.N.

Printed Name

Signature or typed initial providing your consent

Date

Resource ID number
(To be added by staff)

Page 4 - MAKE-UP DEPARTMENT APPLICATION FORM

FILM & TELEVISION EXPERIENCE - list your film and tv experience below.

Please note: Work experience may be verified.

Production Title: _____ Dates: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

Production Title: _____ Dates: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

Production Title: _____ Dates: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

Production Title: _____ Dates: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

Production Title: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

RELATED EXPERIENCE/SPECIAL SKILLS:

EDUCATION/TRAINING/CERTIFICATES/LICENSES (please include copies):

Page 5 - MAKE-UP DEPARTMENT APPLICATION FORM

Indicate which positions you are applying to in the Make-Up Department.

- Make-Up
- Special Make-Up Effects
- Special Make-Up Effects Technician
- Make-Up and Special Make-Up Effects (applicants must meet both Make-Up and Special Effects Make-Up qualifications)

Please read through this entire application package before filling out an application.

DEPARTMENT REQUIREMENTS FOR ALL APPLICANTS. PLEASE CHECK AND ATTACH APPLICABLE DOCUMENTS:

Permittee Trade Tests:

You must write the appropriate permittee test. If you are applying for both Make-Up and Special Make-Up Effects, you must write both permittee tests. Departmental tests can only be written after you have submitted your application via email to the union office. Applicants may write tests between the hours of 9:00am - 3:30pm Monday through Friday. No appointment is necessary. We recommend that you allow yourself at least one hour to complete the test.

Resume:

You must provide a complete resume in the specific "Required Make-Up Department Resume Format" as indicated in this application package (in pdf format). You must provide the names of HOD's or SPMUFX Supervisors on all productions you list. The names of the supervisors you provide will be contacted by the union office to verify your work experience.

200 Days Professional Work Experience:

A minimum of 200 days of recent professional experience in your specific area of application (Make-Up or Special Make-Up Effects) Work experience must be in film, television, commercials and/or video projects. Up to 25 days of relevant professional theatrical experience will be considered in the 200 day total. SPMUFX applicants should also provide their work experience in SPMUFX shops.

Work Verification Letters ([click here for sample](#)):

All applicants must provide signed worked verification letters from two separate supervisors you have worked under. Additional verification may be requested following review of your application.

The letters verifying your work experience must include:

- title and date(s) of the production(s) you worked on
- the number of days worked on each production
- your name and the specific position you held on the production(s)
- your supervisor(s) name and their role in the production(s), and their contact phone number and/or email address

Page 6 - MAKE-UP DEPARTMENT APPLICATION FORM

Training:

You must have completed training and provide a copy of your diploma from a recognized and accredited Make-Up school with a program curriculum covering applicable skills listed on page 5 of this application. If you do not have a diploma, in addition to the 200 required days above, you are required to provide proof ([click here for sample](#)) of having recently worked an additional 100 paid professional days in your area of application. (Make-Up or Special Make-Up Effects).

You must provide a copy of your Motion Picture Industry Certificate.

You must provide a copy of your WHMIS certificate.

Save your completed application (this document) and submit to applications@iatse.com

Orientation:

After your application has been reviewed and your experience has been verified, you will be contacted and invited to attend a department orientation session. You must attend this session prior to being approved as a permittee.

In preparation for your orientation, you are to provide a hard copy portfolio, with all contents clearly labeled to identify the productions, and noting any collaborative work with other artists and/or designers. Your portfolio must include photographs of your work demonstrating your applicable skills in all elements listed on page 7, in your area of application.

You will also be required to bring a current copy of your resume, and a fully complete, clean and sanitary kit to your orientation for review. Please see list of Make-Up and SPMUFX Kit requirements provided with this application.

Please note: Most positions require employees to report to work at locations that are inaccessible to public transit, therefore it is strongly recommended that you have a valid BC Drivers License and use of a reliable vehicle. Many positions require employees to travel between work locations. Employees using their own vehicles must be able to provide their employer with proof of having Business Class Insurance. *Please do not forward copies of your drivers license, as this information is not required for your application.

Make-Up Area of Application

Your combined training, work experience and portfolio must demonstrate your skill in the following:

Please check off the skills you possess & include this page with your application.

- Corrective & glamour Make-Up
- Human Hair Beard: Hand laid application / grooming and ventilated pieces.
- Make-Up for Film & High Definition television (with a minimum of both men's and women's corrective make-up).
- One or more examples of glamour make-up for Black & White film and photograph . Applicants may choose from any period/ era, and/or Drag.
- "Bondo Transfer" – application and colouration
- Bald cap application and colouration. (Applicant's choice of bald cap type).
- Out-of-Kit Make-Up Effects: must include at least one example of each of the following: scrapes & scratches, wound (cut) construction, bullet-hole construction, burned skin, stitches, black (bruised) eye, fresh and aged blood dressing and varied dirt applications.
- Age with latex
- Age with paint
- Airbrush (1) – Corrective, beauty and fantasy
- Airbrush (2) – 3D painting and/or prosthetic beyond corrective – could be fantasy or character.

Special Make-Up Effects Area of Application

Your combined training, work experience and portfolio must demonstrate your skill in the following:

Please check off the skills you possess & include this page with your application.

- Foam latex application and colouration
- Gelatin application and colouration. (Must be larger than two inches in length)
- Encapsulated silicone appliance application and colouration.
- Self-sculpted, moulded, & run prosthetic appliance.
- "Bondo Transfer" application and colouration. (Must be larger than two inches in length)
- Bald cap application and colouration (Applicant's choice of bald cap type)
- Out-of-Kit Make-Up Effects: must include at least one example of each: scrapes & scratches, wound (cut) construction, bullet-hole construction, burned skin, a black (bruised) eye and a blood dressing.
- Airbrush (2) - 3D painting and/or prosthetic beyond corrective – could be fantasy or character.
- Hair application – hand laid
- Dental appliance (caps or full dentures) which have been sculpted and fabricated by applicant.
- Applicant to create their own custom "Scratch Build" fabrication project of a body or creature or character suit or prop – small or large which utilizes multi-disciplinary skill-sets and a variety of materials of the applicant's choice.

Page 8 - MAKE-UP DEPARTMENT APPLICATION FORM

IATSE LOCAL 891 MAKE-UP DEPARTMENT RESUME FORMAT

Name _____ Phone: _____ Email _____

FILM RELATED EMPLOYMENT:

FEATURES

PRODUCTION TITLE	DIRECTOR	HOD/OR MUFX SUPERVISOR & CONTACT INFORMATION*
PRODUCER/PM	# DAYS and DATES	POSITION HELD
PRODUCTION TITLE	DIRECTOR	HOD/OR MUFX SUPERVISOR & CONTACT INFORMATION*
PRODUCER/PM	# DAYS and DATES	POSITION HELD

SERIES TELEVISION

PRODUCTION TITLE	DIRECTOR	HOD/OR MUFX SUPERVISOR & CONTACT INFORMATION*
PRODUCER/PM	# DAYS and DATES	POSITION HELD
PRODUCTION TITLE	DIRECTOR	HOD/OR MUFX SUPERVISOR & CONTACT INFORMATION*
PRODUCER/PM	# DAYS and DATES	POSITION HELD

COMMERCIALS & VIDEOS

PRODUCTION TITLE	DIRECTOR	HOD/OR MUFX SUPERVISOR & CONTACT INFORMATION*
PRODUCER/PM	# DAYS and DATES	POSITION HELD
PRODUCTION TITLE	DIRECTOR	HOD/OR MUFX SUPERVISOR & CONTACT INFORMATION*
PRODUCER/PM	# DAYS and DATES	POSITION HELD

SPECIAL MAKE-UP FX SHOP WORK

SHOP NAME	DIRECTOR	HOD/OR MUFX SUPERVISOR & CONTACT INFORMATION*
PRODUCTION TITLE	# DAYS and DATES	POSITION DUTIES
SHOP NAME	DIRECTOR	HOD/OR MUFX SUPERVISOR & CONTACT INFORMATION*
PRODUCTION TITLE	# DAYS and DATES	POSITION DUTIES

EDUCATION

COLLEGE/UNIVERSITY	COURSE/PROGRAM	DATE COMPLETED
COLLEGE/UNIVERSITY	COURSE/PROGRAM	DATE COMPLETED

ADDITIONAL SKILLS & AWARDS & EXPERIENCE

APPRENTICESHIP, INTERNSHIP, MENTORSHIP

Page 9 - MAKE-UP DEPARTMENT APPLICATION FORM

Highly recommended hygienic Make-Up kit tools and equipment (the employer may required)

- Applicants, please keep for your records

Hand mirror	Palette & spatulas	Make-up pencil sharpener	Powder puffs
Scissors	Tweezers	Water mister	Eyelash curler

PRODUCTS

Brush cleaner	Alcohol 99%	Alcohol 70%	Sunscreen
Liquid bandage	Hand sanitizer	244 liquid	KY jelly
Sweat gel	Tear stick & blower	Anti-shine	Lip balm
Skin cleanser	Toners	Moisturizers	Hand cream
Eye make-up remover			

DISPOSABLES

Cotton balls/pads	Cotton swabs	Stipple sponge (fine/coarse)	Sea sponge
Latex sponges	Red rubber sponge	Individual floss sticks	Tissues
Wet wipes	Individual eye drops		

SHAVING KIT

Electric razor	Disposable razors	Shaving foam	Styptic liquid
Beard trimmer	Nose hair trimmer	Small scissors	Moustache wax

FOUNDATIONS

- Must have at least three shades of the following tones: beige, olive, red and dark.
- Must have a good selection of shades for all skin tones, cream and liquid form.
- It is recommended to use established professional brands i.e.: Visiora, Cinema Secrets, MAC, Bobbi Brown, and Ben Nye.

CONCEALERS

Derma colour palettes, under eye concealers, red & blue neutralizer, beard cover.

POWDERS

Various shades of powders in both loose & pressed (including a No-Colour/translucent powder), anti-shine in light and dark.

BODY MAKE-UP

Liquid or cake, in at least four shades.

BLUSH

A good assortment of colours in powder and cream. Bronzers in powder and cream.

EYESHADOW

Colours for both natural, glamour, and period.

EYELINERS

Pencil, liquid & cream in black, charcoal/grey, brown, and blue.

LASHES/MASCARA

Black and brown mascara in both water-soluble and water-proof	Lash adhesive
Both strip lashes and individual lashes.	Disposable wands
Duo adhesive	

Page 10 - MAKE-UP DEPARTMENT APPLICATION FORM

Highly recommended hygienic Make-Up kit tools and equipment (the employer may require)

- Applicants, please keep for your records

LIP COLOUR

A wide range of colours in matte and frosted shades, some specialty colours for period work. Lip gloss and liners. Various lip balms.

NAIL KIT

Various polishes in clear, neutrals & fashion colours	Nail polish remover
Nail glue & remover	Quick dry spray
Disposable emery boards	Travel manicure set
Nail tips	Cuticle cream

DIRT

Suggested colours: Charcoal, Texas dirt, plains dust, clean grease, and liquid spray dirt.

SWEAT KIT

Sweat gel, Evian water and glycerin.

BLOOD

Mouth blood, gel blood, fresh scab, dark and light flowing blood, gel caps and dish soap.

ADHESIVES

Matte adhesive, silicone adhesive, and pros-aide. Plus removers for all different adhesive types.

OUT OF KIT FX

Scar making material, plastic sealer, collodian, bruise & burn wheel, cream beard stipple, cream death colours, reel colour or skin illustrator palettes, sunburn stipple, and morticians wax.

HAIR KIT

Crepe & human hair (assorted colours), adhesives, removers, assorted hair painting colours, scissors and combs.

SUGGESTIONS FOR YOUR KIT BAG

Small flashlight or head lamp	Bug spray
Small first aid kit	Mints/breath spray
Pen	Flesh coloured ear plugs
Blot paper	Anti-itch gel and spray
Camera	

SUGGESTIONS FOR YOUR KIT BAG - AIR BRUSHING

Variety of airbrush colours (water & alcohol based)	Airbrush
Cleaning kit	Compressor

Your kit bag should contain all materials you could possibly need to produce whatever might be asked of you on-set. Although it sounds like a lot to carry with you, if you can scale everything down to 1 or 2 oz containers, it will all fit well within your kit.

Required equipment for the Make-Up Department:

Your work requires you to be on location, you must have all weather gear. All weather gear includes: clothing, footwear and accessories you are going to need to work both outdoor and indoor conditions. Weather conditions can change quickly, please come prepared!

Page 11 - MAKE-UP DEPARTMENT APPLICATION FORM

Highly recommended hygienic Special Make-Up Effects kit tools and equipment (the employer may require)

- Applicants, please keep for your records

EQUIPMENT

Brushes	Spray bottle	Battery-powered hand fan	Towels
Spatulas/palettes	Plastic cape	Small and large scissors	Hair dryer
Bald cap	Tweezers		

AIR BRUSHING

Compressor	Variety of airbrush colours (water & alcohol based)	Airbrush(es)
------------	---	--------------

DISPOSABLES

Wax palettes	Cotton swabs	Puffs	Straws
Cups	Tongue depressors	Wet wipes	Gloves
Chip brushes	Individual eye drops	White, red, orange and sea Sponges	Cotton pads
Tissues			

BLOOD

Mouth blood, gel blood, fresh scab, dark and light flowing blood, gel caps.

PRODUCTS

Glue/epoxy	Tooth colours	Vaseline
Super glue and kicker	No-colour powder	Opsite
Duo adhesive	Alcohol 70% and 99%	Witch hazel
Latex	Glycerin	Acetone
Cabo bondo	Rubber mask grease paints	Adhesive thinners
Dirts and dusts	Mouth stain	KY/Ultra-wet
Anti-shine	Dish soap	244 fluid
Adhesive removers	Isopropyl myristate	Spray bandage
Variety of adhesives – spirit gum, Telesis, Pros-aide.	Variety of PAX colours for Various skin tones.	Morticians wax
Barrier cream/foam	Shaving foam	

DENTAL KIT

Mouth wash	Tooth brushes	Toothpaste
Polygrip	Toothpicks/floss	Mints/gum
Tooth colours		

NAIL KIT

Nail polish remover (tub-style is preferable)	Files	Clippers
---	-------	----------

HAIR KIT

Human crepe hair (assorted colours)	Clippers	Scissors
Electric razor	Combs	Disposable razors
Adhesive removers	Shaving foam	

SKIN CARE

Toner	Moisturizer	Cleanser
Cortisone cream	Aloe vera	

SUGGESTIONS FOR YOUR KIT BAG

Small first aid kit	Black hockey tape
Leatherman	Pliers
Small side cutters	Hair punching needle
Camera	Flesh coloured ear plugs

Your kit bag should contain all materials you could possibly need to produce whatever might be asked of you on-set. Although it sounds like a lot to carry with you, if you can scale everything down to 1 or 2 oz containers, it will all fit well within your kit.

Required equipment for the Make-Up Department:

Your work requires you to be on location, you must have all weather gear. All weather gear includes: clothing, footwear and accessories you are going to need to work both outdoor and indoor conditions. Weather conditions can change quickly, please come prepared!

Revised October 2017 - Please keep this page for your records and reference