



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 - SCRIPT SUPERVISORS 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 Script Supervisors Department:

Script Supervisor

Assistant to Script Supervisor

*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 - SCRIPT SUPERVISORS 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: _____ Dates: _____

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 - SCRIPT SUPERVISORS DEPARTMENT APPLICATION FORM

SCRIPT SUPERVISORS DEPARTMENT QUALIFICATIONS PLEASE CHECK:

Applicants must have proof of a minimum of 150 days of verifiable experience as a script supervisor on episodic television series and/or television movies and/or feature films in order to apply for Permittee Status in this department. Of these 150 days, 100 days must consist of main unit work. Verification of employment letters are required.

[\(click here for sample\):](#)

Applicants must be fluent in written and spoken English

Attach mandatory resume format as indicated on page 6 (in pdf format)

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

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.

Page 6 - SCRIPT SUPERVISORS DEPARTMENT APPLICATION FORM

RESUME FORMAT FOR APPLICATION PURPOSES

IT IS MANDATORY TO USE THIS FORMAT WHEN SUBMITTING YOUR RESUME. Misrepresentations and embellishments on your resume will disqualify you from further consideration.

Name: _____ Email: _____

Telephone Number: _____

FILM RELATED EMPLOYMENT:

Features

Production Title: _____ Year: _____ Position Held: _____ Director: _____ No. of days: ____

Production Title: _____ Year: _____ Position Held: _____ Director: _____ No. of days: ____

TV Movies

Production Title: _____ Year: _____ Position Held: _____ Director: _____ No. of days: ____

Production Title: _____ Year: _____ Position Held: _____ Director: _____ No. of days: ____

Series Television

Production Title: _____ Year: _____ Position Held: _____ Director: _____ No. of days: ____

Production Title: _____ Year: _____ Position Held: _____ Director: _____ No. of days: ____

Commercials, Documentaries

Production Title: _____ Year: _____ Position Held: _____ Director: _____ No. of days: ____

Production Title: _____ Year: _____ Position Held: _____ Director: _____ No. of days: ____

Student Films (not to include films produced as your own class projects)

Name of Institution: _____ Position Held: _____ Production Title: _____

Name of Institution: _____ Position Held: _____ Production Title: _____

OTHER EMPLOYMENT

Company: _____ Company: _____

Position Held: _____ Position Held: _____

Responsibilities: _____ Responsibilities: _____

Dates of Employment: _____ Dates of Employment: _____

Company: _____ Company: _____

Position Held: _____ Position Held: _____

Responsibilities: _____ Responsibilities: _____

Dates of Employment: _____ Dates of Employment: _____

REFERENCES: Please list names and telephone numbers for film industry related contacts.