



## Page 1 - FIRST AID/CRAFT SERVICES APPLICATION FORM

### Please indicate which status you are applying for:

PERMITTEE STATUS

SISTER LOCAL STATUS Letter of Good Standing Membership Card (front & back) Local #\_\_\_\_\_

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

#### Please complete the following details

Name:						
	FIRST		MI	DDLE	LAST	
Address:						
	STREET C		CIJ	Ϋ́	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:		
Last 4 digits of Social Insurance # :						
Emergency contact-Optional : Name					Phone:	
How did you find out about the role with Local 891 you are applying for?						
Do you wish to share your pronouns with IATSE Local 891?						

**Revised March 2024** 

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

- 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 <u>here</u>. 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 <u>here.</u>
- 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 nonmember;
- 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 <u>here</u> and I have had an opportunity to read and agree to the Local's Privacy Policy located on the Local's website <u>here</u>.

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





#### **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)

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#### 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:	
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:	
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):

### FIRST AID/CRAFT SERVICE DEPARTMENT QUALIFICATIONS

#### Applicants must possess all of the following criteria and attach copies of all certificates

#### (please check mark):

A VALID, Occupational First Aid Level 3 Ticket A VALID, Foodsafe Handling Certificate - level 1 WHMIS 2015 Certificate Actsafe Motion Picture Safety Awareness Certificate - https://www.actsafe.ca/ 1 year of verifiable First Aid work experience, proof in the form of work verification letter(s) - click here for sample letter) Attach a resume (in pdf format) Save your completed application (this document) and submit to <u>applications@iatse.com</u>

#### STRONGLY RECOMMENDED

Motion Picture Industry Orientation Certificate - https://www.actsafe.ca/

All equipment and vehicles shall be furnished by the company or may be supplied by the first aid/craft service technician via a rental agreement.

#### **IMPORTANT INFORMATION:**

- Each individual employer enforces strict confidentiality and social media policies. Violations of these policies may have adverse consequences for your employment and union status.
- Most employers 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.