

I.A.T.S.E. Local #675 Application for Referral

Name: _____ **Phone:** _____
Last, First, Middle Initial

Address: _____
Number and Street City State Zip

Date of Birth: _____ **Social Security #:** _____
Applicant must be 18 years old.

E-mail Address _____

Length of Residency in Local #675's Jurisdiction: _____
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Currently or previously a member of I.A.T.S.E.? _____
Local #: _____ When: _____ BA: _____
Are you a present/past member of a trade union? _____ Which: _____
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Are you currently employed? ___ Full time ___ Part time ___ Not
Employer's Name: _____ Address: _____ Phone: _____

Are you a student? ___ Full time ___ Part time ___ Not School/Major _____
.....

Do you have professional experience working for or with any of the following:

(Check as many as apply and describe duties below--continue on back of form if necessary)

Please attach any resumes/references.

- | | | |
|---|---|---|
| <input type="checkbox"/> Symphony Orchestras | <input type="checkbox"/> Dance Companies | <input type="checkbox"/> Opera Companies |
| <input type="checkbox"/> Broadway Theatre | <input type="checkbox"/> Ice Shows | <input type="checkbox"/> Touring Musicals |
| <input type="checkbox"/> Rock and Roll Groups | <input type="checkbox"/> Sound Companies | <input type="checkbox"/> Lighting Companies |
| <input type="checkbox"/> Rigging Companies | <input type="checkbox"/> Trade Shows | <input type="checkbox"/> Costume Shops |
| <input type="checkbox"/> Film Production Crews | <input type="checkbox"/> Video Production Crews | <input type="checkbox"/> Recording Studios |
| <input type="checkbox"/> Scenic Carpentry Shops | <input type="checkbox"/> Painting Studios | <input type="checkbox"/> Business Meetings |
| <input type="checkbox"/> Staging Contractors | <input type="checkbox"/> Theatrical Rental/Supply | <input type="checkbox"/> Conventions |

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I.A.T.S.E. Local #675

Application for Referral

In accordance with the 1986 immigration and reform act, proof of eligibility to work in the United States is required upon employment.

This is not an application for membership to IATSE #675. The undersigned applicant understands that this request for referral is not in any manner a guarantee of employment through IATSE #675. All referrals by the Union are made on the basis of employer requests and are without regard to union membership, sex, race, color, religion, national origin, age, sexual preference or any other legally protected status.

The applicant agrees, in signing this application, that the sum of 4% of gross earnings received through employment secured through this local to the Union Treasurer within thirty days of receipt of earnings. Failure to do so will forfeit all rights of referral until such payment is made. This percentage may change without notice.

The applicant understands that at all times the Local stands ready to and will protect applicant in any grievance or job dispute which might arise during the course of employment in the manner provided under any contracts which the Union has with an employer.

Be it also known that IATSE maintains a zero tolerance policy concerning the use of alcohol or narcotics while working as an IATSE employee; and its use is cause for immediate termination from the job, and/or expulsion from future referrals.

This application becomes void if the applicant is not referred during a six month period. Personal information on this application is confidential and only for internal use of IATSE #675.

The undersigned applicant affirms that the above statement has been read, understood, and agrees to same.

The information above was given freely and is to the best of my knowledge, true and complete. I understand that any false answer or statement will be grounds for permanent removal from the referral list.

Signed: _____ **Date:** _____