

today's date \_\_\_\_\_

### IATSE Local 26 Application for Referral List

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Cell #\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*All calls are sent via Text. You must be able to receive texts to be referred to work.**

Emergency Contact \_\_\_\_\_ # \_\_\_\_\_

Availability \_\_\_\_\_

Email Address \_\_\_\_\_

Referred by \_\_\_\_\_ Your Birth Date \_\_\_\_\_

Do you have (or did you ever have) a card in another IATSE Local?                      yes                      no

Local # \_\_\_\_\_ Current?                      yes                      no

Have you ever filled out the Local 26 Application for Referral before?                      yes                      no

If yes, when? \_\_\_\_\_

#### Do you have experience in any of the following?

\_\_\_ Scenic Construction    \_\_\_ Flyrail    \_\_\_ Wardrobe    \_\_\_ Costume Construction    \_\_\_ Electrics

\_\_\_ Followspot    \_\_\_ Lighting Console    \_\_\_ Film \* *please submit electronic resume*    \_\_\_ Audio    \_\_\_ Audio Console

\_\_\_ Projection/ AV work    \_\_\_ Up Rigging    \_\_\_ Down Rigging    \_\_\_ Fork    \_\_\_ Scissor    \_\_\_ Boom

Any relevant experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant Previous Emp : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>For office use only</i>		
Date Entered: _____	Control #: _____	ID's: ___(ss) ___(dl) ___(pp)

Each employee must sign a Referral Agreement with the Union in order to be referred from any referral list. The Referral Agreement provides for payment of a reasonable referral fee to cover the costs and expenses of the union's administration of the referral service. The Union has the right to set and to change the amount of the referral fee from time to time. All such changes will be posted at the Union's office.

Payroll Deduction Referral Fee. Most collective bargaining agreements provide that the employer will automatically deduct and withhold from each employee's pay check the referral fees due to the Union, provided the employee has authorized such deduction in writing. In all other cases, or if the employee has failed to authorize such payroll deduction, the employee is responsible for paying the referral fee to the Union within 10 days of receiving your paycheck. Failure to tender such referral fee at such time will result in the employee's immediate suspension from the referral list.

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All qualified applicants will receive consideration for employment referral without regard to sex, race, color, age, national origin, ancestry, sexual orientation, gender identity or political beliefs as mandated by Federal or State laws. No information in this questionnaire will be used for the purpose of discrimination.

I understand that completion of this application **does not guarantee a work referral**. I grant the union the right to investigate the statements made on this questionnaire as well as any other job related work information and will provide references upon request.

I understand that the work I am requesting is **part time, temporary and seasonal in nature**. I further understand that referral calls are made in accordance with the IATSE Local 26 Referral Procedure and will be made based on my qualifications, experience, employer requests and availability to work.

I certify that I am at least 18 years of age and that I am physically and mentally able to do the work for which I am requesting referral. Falsification of any statement may make me ineligible to receive referrals by the union. I agree to provide Local 26 with my current contact information and understand that if it changes it is my responsibility to update it with the office.

The information I have provided is true and accurate. I have read the Non Discrimination Policy and Referral Information.

Signature \_\_\_\_\_ Date \_\_\_\_\_