



IATSE Local 634 Training Program Application Form



Thank you for your interest in the IATSE Local 634 Training Program. Please complete the following application form to be considered for the program. This form is designed to help us understand your background, department preferences, and commitment to the program.

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

ELIGIBILITY CRITERIA

1. **Have you previously worked on an IATSE film set?**

Yes If Yes, which IATSE jurisdiction did you work in?

No _____

2. **Are you 18 years of age or older?**

Yes

No

3. **Are you able to commit to the full duration of the training program, including flexible hours (evenings, weekends, and overnight shifts)?**

Yes

No

4. **Have you completed or are you currently completing a film-related academic program or have prior practical film set experience?**

Yes (If yes, please describe below.)

No

DEPARTMENT PREFERENCE AND EXPERIENCE

Please select your preferred department(s) for training:

(You may select more than one department if you are open to different areas.)

- Costumes
- Construction
- Electric
- Greens
- Grip
- Hair
- Makeup
- Picture Cars
- Props
- Sound
- Scenic Artists
- Script Supervision
- Set Decoration
- SFX
- Transportation

Please describe your interest in the selected department(s):

Do you have any prior experience in film production?

- Yes
- No

(If yes, please describe your experience and any relevant skills.)

Are you interested in working in any of the following “Swing Positions” where you will rotate between two closely related departments?

(You may select more than one if you are open to different areas.)

- Grip & Lighting
- Hair & Makeup
- Props & Set Dec
- Construction & Scenic Art
- Set Dec & Greens
- Transportation & Picture Cars

WORK EXPERIENCE AND AVAILABILITY

Please describe your previous work experience, including any field or experience that demonstrates your work ethic, reliability, and ability to collaborate in a team environment: (You may attach a separate page for this if needed)

Please specify the date you would be available to start the training program if selected:

(MM/DD/YYYY) _____

Please specify your availability if you are in a post-secondary film program (e.g., summer only, after graduation date, etc.):

TRAINING AND SAFETY

Have you had any prior safety training or experience working in environments with strict safety protocols (e.g., film sets, construction, warehouses, etc.)?

Yes

No

If yes, please briefly describe your safety training or experience:

Why are you interested in working on a unionized film set and what do you hope to gain from this program?

REFERENCES

Please provide two professional or academic references who can speak to your work ethic, experience, or character:

Reference 1

First Name: _____ Last Name: _____

Relationship: _____

Phone: _____ Email: _____

Reference 2

First Name: _____ Last Name: _____

Relationship: _____

Phone: _____ Email: _____

STATEMENT OF INTEREST

Please provide a brief statement (200-300 words) outlining why you are applying for this training program and how you plan to contribute to and benefit from this experience. (Please attach a separate page if more space is needed)

MEDIA RELEASE

As part of the IATSE Local 634 Training Program, photographs, video footage, and other media may be taken during your participation in the program to be used for promotional and marketing purposes. This can include, but is not limited to, the use of your image in printed materials, digital content (websites, social media, newsletters), and video content (promotional reels, advertisements, etc.).

Please review and sign the following release:

I, _____, grant IATSE Local 634, its employees, agents, representatives, and assigns the right to photograph, record, and use my image, likeness, and voice in promotional materials related to the IATSE Local 634 Training Program. I understand that this media may be used in various forms of print, online, and digital publications, and may be used in perpetuity for purposes related to promoting the union and its programs.

- I acknowledge and consent to the use of my image and video recordings in promotional materials.
 Yes, I consent
 No, I do not consent
- I understand that I will not be compensated for the use of my image or video in promotional materials.
- I understand that I may withdraw my consent at any time in writing to IATSE Local 634, but such withdrawal will only apply to future use of my media. Past materials will remain in circulation.
- If I withdraw my consent, IATSE Local 634 will make reasonable efforts to cease use of my image and video in future promotional materials.

Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

DECLARATION AND SIGNATURE

By submitting this application, I confirm that all the information provided is accurate to the best of my knowledge. I understand that misrepresentation or failure to meet the IATSE Local 634 Training Program criteria may disqualify me from participation. I also acknowledge that the training program may require working long hours, flexibility in scheduling, and adherence to union rules and safety protocols.

Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

Thank you for your interest in the IATSE Local 634 Training Program. Once your application is received, we will review it and notify you of the next steps and if any training positions become available. If you have any questions, please contact us at **local_634@hotmail.com**