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|  | Tom Gergerich – Business Manager/Financial Secretary  [tom@stagehandsmke.com](mailto:tom@stagehandsmke.com)  Mark Hanson – Payroll Administrator  [mark@stagehandsmke.com](mailto:mark@stagehandsmke.com)  Jody Starck – Accounting Administrator  [jody@stagehandsmke.com](mailto:jody@stagehandsmke.com)  Kate McSorley – Administrative Associate  [kate@stagehandsmke.com](mailto:kate@stagehandsmke.com) | 1110 N Dr. Martin Luther King Jr. Dr.  Suite 650  Milwaukee, WI 53203-1117  P (414) 272-3540  F (414) 272-3592 |

**APPLICATION INSTRUCTIONS**

**International Alliance of Theatrical and Stage Employees Local 18**

***APPLICATION***

After an application is complete, an account in our Call Steward system might be created and your information forwarded to the dispatchers for Local 18. Applying for work with Stagehands Inc. does not automatically mean that you will be offered work and is at the discretion of the office staff and hiring needs at that time. If an account is created, you will receive a notification to set up your Call Steward account via email or text. In the event you are not assigned or have not accepted work within 90 days of applying, your application may become invalid, and your Call Steward account deleted.

***WORK ASSIGNMENTS / DISPATCHING***

Work assignments are initially based on skills and availability and are dispatched through our Call Steward system. It is imperative that you respond to work assignments as quickly as possible to secure your work and to allow our dispatchers to staff other jobs. Confirm, Pass, or Decline immediately. To **confirm** means that you will check in with the Steward at the job, and ready to work at the start time. To **pass** means that you can’t work that job for some reason, but are still available that day. To **decline** means that you are not available that day. Keep your vacation/availability up to date in your profile to expedite work calls.

You are expected to be prompt when reporting for work and check in with the Steward or Tech Lead upon arrival to the call. You are expected to always maintain a professional demeanor. If you have any questions on your assignment, ask the Steward first. They are your point person for all matters regarding the work assignment and your union representative. They are also the point person for declaring breaks and release at the end of the work service.

***WORK LOCATIONS / PAYMENT OF WAGES***

Stagehands, Inc is one of several employers for the Local 18 Hiring Hall. It is the main payroll processing division for some of the venues affiliated with Local 18. Local 18 maintains contracts with several venues in Southeastern Wisconsin, some of which have their own payroll department. If you work at a “new to you” venue, you may be required to fill out their payroll forms to receive wages from them. Always bring your IDs for I9 verification and direct deposit information for your first time at a venue.

Stagehands Inc only issues wages through direct deposit. You will complete the ***Direct Deposit Authorization Form*** at your appointment in the office when one is scheduled.

Information for any payment of wages from Stagehands Inc is only available electronically at [www.paylocity.com](http://www.paylocity.com) . The week after your first work call, you will be able log in to the Paylocity website to create an account. Once you have registered, you can view your account for payment details and yearend tax information. **Our company ID with Paylocity is N4603**. In your Paylocity account, you may also make changes to personal information such as your address, telephone, email, bank information, withholding tax, etc. Information can also be updated with the Payroll Administrator at the Stagehands Inc office at (414) 272-3540 x 1.

***WHAT TO BRING***

Always come equipped for work and weather. Dress accordingly with sturdy, closed-toe shoes as well as durable clothes. The work includes pushing, pulling, lifting, climbing and crawling. Gloves are standard and strongly encouraged. Also, a simple toolkit is important. Bare bones kit should include a crescent wrench, some kind of cutting device (multi-tool or utility knife), a multi-tip screwdriver and a small flashlight.

***BEFORE YOU GO***

Verify that you have the right time and place in mind before you depart for the call. Be sure to allow time for traffic, security, and finding your way to where you need to be. If you have credentials, including parking or venue documents, be sure to bring them along.

***BREAKS AND MEALS***

Breaks are appreciated, but not required under contracts. A 15-minute break is generally every 2 to 2.5 hours of work. In general, unpaid meal breaks last 1 hour and paid meal breaks last 30 minutes. One or the other will be given every 4 to 5 hours depending on the production schedule. The IATSE Local 18 Steward will call all breaks and mealtimes. Do not take a break or go to a meal without authorization from your Steward. Hospitality is offered at the discretion of the tour or venue, and only available to stagehands as dictated by the Steward. Smoking is only allowed in designated areas.

***INJURY ON THE JOB / WORKER’S COMPENSATION***

In the event you are injured, you must contact the Steward/Tech Lead and complete a ***Wisconsin First Report of Injury Form*.** If you require medical attention, be sure to inform the medical provider that it is a Worker’s Compensation injury for Stagehands, Inc. They will contact the business office for additional information. It is your responsibility to submit the First Report of Injury (within 7 days) and any information to the Stagehands, Inc business office so your claim can be processed by the insurance company in a timely manner. Failure to notify Steward/Tech Lead and or the business office may result in your claim being delayed/denied and potentially having any medical costs become your responsibility. If you are injured on a job at an employer other than a Stagehands, Inc venue, they will have their own Worker’s Compensation insurance, and injuries must be reported to them directly and not to Stagehands, Inc.

***MUCH TO LEARN***

Many of the people that you will encounter have been doing this work for many years. Some of what they will say or expect of you will be difficult to understand or execute without further instruction. Some will show great patience and others will not. The working vocabulary of each department is different, and when working in unfamiliar territory, listening and paying attention will make a big difference in doing the work safely and effectively. When in doubt, ASK!

**Stagehands Inc Employment Application**

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| **APPLICANT INFORMATION** | | | | | **Date** enter text. |
| **Last Name** enter text. | **First Name** enter text. | | | | **M. I.** enter text. |
| **Street Address** Click or tap here to enter text. | | | | | **Apt #** enter text. |
| **City** Click or tap here to enter text. | | **State** Click or tap here to enter text. | | | **Zip** enter text. |
| **Cell Phone** Click or tap here to enter text. | | | **Email** Click or tap here to enter text. | | |
| **Social Security No.** enter text. | | | **Date Available** Click or tap here to enter text. | | |
| **Are you a citizen of the Unites States?**  YES  NO | | | | | |
| If no, are you authorized to work in the USA? YES  NO | | | | | |
| **Have you worked for this company?** YES  NO | | | | **When** enter text. | |
| **Have you ever been convicted of a felony?** YES  NO | | | | | |

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| **EMERGENCY CONTACT INFORMATION** | | |
| **Name:** Click or tap here to enter text. | **Relationship:** enter text. | **Phone:** enter text. |

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| **WERE YOU REFERRED BY A MEMBER, AFFILIATE, OR ANOTHER IATSE LOCAL?** | **YES  NO** |
| **If yes, who referred you** Click or tap here to enter text. | |

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| **AREA OF EXPERTISE: SKILLSETS AS RELATED TO STAGEHAND WORK** | |
| Rate yourself for each skill: 0 = no experience, 1 = some, 2 = average, 3 = experienced 4 = expert | |
| **Audio Technician** Choose an item. | **Automation** Choose an item. |
| **Carpenter - stage** Choose an item. | **Electrician - stage** Choose an item. |
| **Flyman** Choose an item. | **Forklift** Choose an item. |
| **Operator – Light Board** Choose an item.  **Consoles:** Click or tap here to enter text. | **Operator – Sound Board** Choose an item.  **Consoles:** Click or tap here to enter text. |
| **Properties Master** Choose an item. | **Rigger – Climbing** Choose an item. |
| **Rigger – Ground** Choose an item. | **Spotlight** Choose an item. |
| **Truck Loader** Choose an item. | **Video Technician** Choose an item. |
| **Other:** Click or tap here to enter text. | |

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| **AREA OF INTEREST: RANK UP TO THREE SKILLSETS YOU WISH TO SPECIALIZE IN** | | |
| 1. Choose an item. | 2. Choose an item. | 3. Choose an item. |

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| **EDUCATION** | |
| **Last School Attended:** Click or tap here to enter text. | **Year** enter text. |
| **Degree of Certification:** Click or tap here to enter text. | |

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| **EMPLOYMENT HISTORY: as it relates to stage technician work OR attach a resume** | | |
| **Company** Click or tap here to enter text. | **From** enter text. | **To** enter text. |
| **Responsibilities:** Click or tap here to enter text. | | |
| **Company** Click or tap here to enter text. | **From** enter text. | **To** enter text. |
| **Responsibilities:** Click or tap here to enter text. | | |

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| **REFERENCES: List up to three professional references OR attach resume** | |
| **Name** Click or tap here to enter text. | **Relationship** Click or tap here to enter text. |
| **Company** Click or tap here to enter text. | **Phone** Click or tap here to enter text. |
| **Name** Click or tap here to enter text. | **Relationship** Click or tap here to enter text. |
| **Company** Click or tap here to enter text. | **Phone** Click or tap here to enter text. |
| **Name** Click or tap here to enter text. | **Relationship** Click or tap here to enter text. |
| **Company** Click or tap here to enter text. | **Phone** Click or tap here to enter text. |

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| **REPRESENTATION** |
| I, hereby authorize Local #18 of the International Alliance of Theatrical Stage Employees (IATSE) to negotiate, bargain collectively and present and discuss grievances with my Employer as my representative and my sole and exclusive bargaining agency. I understand that I am forbidden to waive any provision of IATSE Local #18’s contractual agreements for any reason. |

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| **REFERRAL FEE ASSESSMENT** |
| I hereby authorize all Employers to deduct a Hiring Hall Referral Fee from my gross wages in the amount that is currently applicable, and to remit that amount to IATSE Local #18. If any Employer is unable to deduct the Hiring All Referral Fee from my wages, I agree to have money deducted from future payrolls processed through Stagehands Inc. to pay the cost of past due referral fees.  In the event you do not work when money is owed, an invoice will be sent. Payments must be made within fifteen (15) days of the date of invoice. |

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| **DISCLAIMER AND SIGNATURE** | |
| * I understand that this application expires in ninety (90) days if I do not receive a first work referral from the IATSE Local #18 Hiring Hall. Upon expiration of this application, I also understand that I must re-apply if I desire to be included on the Referral List of the Hiring Hall. * I agree to the above stated Representation and Referral Fee Assessment. * I certify that my answers are true and correct to the best of my knowledge and do hereby authorize Stagehands, Inc. to obtain any necessary background, criminal record and driving record checks. * I understand that false or misleading information in my application or interview may result in removal from consideration or termination of employment. * I have read and acknowledge the application instructions as stated in this packet. * I consent and acknowledge that by typing my name below serves as a legal binding signature. | |
| **Signature:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |

For Office Use Only

Probationary \_\_\_\_\_ Level I \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_ DOH \_\_\_\_\_\_\_\_\_\_\_\_