IATSE Local 18 Referral Hall Application

APPLICANT INFORMATION		Date
Last Name	First Name	M. I.
Street Address		Apt #
City	State	Zip
Cell Phone	Email	Date Avail
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
Have you ever been convicted of a felony? YES ☐ NO ☐		

EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	Phone:

WERE YOU REFERRED BY A MEMBER, AFFILIATE, OR ANOTHER IATSE LOCAL?	YES ☐ NO ☐
If yes, who referred you	

AREA OF EXPERTISE: SKILLSETS AS RELATED TO STAGEHAND WORK

	None	Some	Average	Experienced	Expert
Audio Technician					
Automation					
Carpenter - stage					
Electrician - stage					
Fly Rail					
Forklift					
Hair & Makeup					
Operator: Lighting					
Operator: Audio					
Properties - stage					
Rigging: Climbing					
Rigging: Ground					
Spotlight					
Truck Loader					
Video Technician					
Wardrobe					

EDUCATION	
Last School Attended:	Year
Degree of Certification:	

EMPLOYMENT HISTORY: as it relates to stage technician work OR attach a resume		
Company	**From**	**To**
Responsibilities:		
Company	**From**	**To**
Responsibilities:		

REFERENCES: List up to three professional references OR attach resume	
Name	**Relationship**
Company	**Phone**
Name	**Relationship**
Company	**Phone**
Name	**Relationship**
Company	**Phone**

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.

REFERRAL FEE ASSESSMENT

I hereby authorize all Employers to deduct a Referral Fee from my gross wages in the amount that is currently applicable (5%), and to remit that amount to IATSE Local 18. If any Employer is unable to deduct the 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. The need to invoice these Fees may result in additional administrative charges.

DISCLAIMER AND SIGNATURE

- I understand that this application expires in ninety (90) days if I do not receive and accept a work referral from the IATSE Local #18 Referral 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 information as stated in this packet.
- I consent and acknowledge that by typing my name below serves as a legal binding signature.

Signature:	**Date:**

For Office Use Only

SS_____ DOB _____ DOH _____

REFERRAL FEE DEDUCTION AUTHORIZATION

PERSONAL INFORMATION		
Last Name	**First Name**	**M. I.**
Cell Phone	**Email**	

REFERRAL FEE DEDUCTION AUTHORIZATION
The Fiserv Forum and Alpine Valley Music Theatre, as part of its payroll services, will offer a voluntary payroll deduction for IATSE Local 18 employee referral fees. Participating employees will agree to the terms of this authorization and will sign and date this form to initiate a referral fee deduction.
I, _____(print name), hereby authorize **Fiserv Forum Payroll Department and Live Nation Payroll Department** to deduct referral fees at 5.0% of gross wages, to be submitted to IATSE Local 18 on my behalf. This deduction will continue throughout the contract unless the employee revokes it within 30 days by written notice to **Fiserv Forum, Alpine Valley Music Theatre** and **IATSE Local 18**. The deduction shall be discontinued upon retirement or termination of employment. The deduction of 5.0% will remain in place unless **Fiserv Forum and Live Nation** are notified by a certified representative of IATSE Local 18 that the required percentage fee has been changed by a formal action from the Union. It is understood that any percentage change will continue to be authorized for deduction.
By signing this form, I agree to the voluntary deduction of referral fees as stated in the above terms. Deductions will begin on the next payroll transmission.
Not providing Fiserv Forum and Live Nation Payroll Departments the ability to make a payroll deduction does not relieve the Employee from the responsibility of paying the referral fees for IATSE Local 18 Referral Hall services. **The need to invoice these Fees may result in additional administrative charges.
I consent and acknowledge that by typing my name below serves as a legal binding signature.

Signature:	**Date:**