

Page 1 - ACCOUNTING DEPARTMENT APPLICATION FORM

Please indicate which status you are applying for:

PERMITTEE STATUS

SISTER LOCAL STATUS

Letter of Good Standing

Membership Card (front & back)

Local # _____

Please indicate which positions you are applying to and meet the requirements in the Accounting Department:

Assistant Accountant

Accounting Clerk 1

Accounting Clerk 2

Accounting Trainee

*Copies of your resume and required documents (such as certificates, tickets, etc.) must be emailed to applications@iatse.com as attachments along with your completed application. PDF format preferred.

Please complete the following details

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET CITY PROVINCE/POSTAL CODE

Providing birthdate and gender information is optional. This is asked for demographics only and will not be used to determine eligibility.

Birthdate: _____ day month year Gender: _____

Home Phone: _____ Mobile Phone: _____

E-Mail Address: _____ Website: _____

Emergency contact-Optional: Name _____ Phone: _____

Last 4 digits of Social Insurance # : _____

AGREEMENT TO ABIDE BY THE IATSE LOCAL 891 AVAILABILITY AND DISPATCH POLICIES & PROCEDURES: I acknowledge that I have had an opportunity to read the IATSE Local 891 Availability and Dispatch policies and procedures located at iatse.com. I hereby agree to abide by these Policies and Procedures in the manner specified and will not accept work within the jurisdiction of IATSE Local 891 without first gaining the Union's authorization by a valid permit and/or record of Union dispatch. I understand that these Policies and Procedures are subject to change at the discretion of the Union, but any such changes do not diminish my responsibility to abide by these rules. I understand that if permitted to work I am required to provide Canadian and provincial residency information sufficient to ensure that the production company is eligible to receive the federal and provincial incentives including tax credits.

BARGAINING AUTHORIZATION: In applying for a membership, I understand that the Union intends to apply to be certified as my exclusive bargaining agent and to represent me in collective bargaining.

CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION: I acknowledge that I have had an opportunity to read the Personal Information Protection Code and Personal Information Protection Chart (available at www.iatse.com and in hard copy upon request). I hereby give my consent to the collection, use and disclosure of my personal information in the manner and for the purpose outlined therein. I certify that all information stated and provided with this application is true and complete to the best of my knowledge. I authorize IATSE Local 891 to verify this information provided in this application.

Dated: _____

Signature or typed initials providing your acceptance of this agreement: _____

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FILM & TELEVISION EXPERIENCE

Please read before proceeding:

Any intentional misrepresentation of your experience may result in termination of Union status. Only days worked under authorized IATSE Local 891 work permits or dispatch shall count towards membership in the Local.

Work experience must be verified by copies of employment records such as, but not limited to, work permits, time sheets, pay stubs, letters of reference, etc.

If you have previously applied to this department, please highlight any recently acquired work experience on this application form and on your resume.

Production Title: _____ Dates: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

Production Title: _____ Dates: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

Production Title: _____ Dates: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

Production Title: _____ Dates: _____

Feature, Television, Video, or Commercial: _____

Position/Duties: _____

Reference Name and Phone Number: _____

RELATED EXPERIENCE/SPECIAL SKILLS:

EDUCATION/TRAINING/CERTIFICATES/LICENSES (please include copies):

ACCOUNTING DEPARTMENT QUALIFICATIONS



Please check off which qualifications you possess and include this page with your application:

- ☐ High school diploma or equivalent
- ☐ Successful completion of a first year accounting course recognized by the B.C. Ministry of Education or its counterpart in other provinces, states, or countries. That is, British Columbia Institute of Technology (BCIT), Langara College - King Edward Campus, Capilano University — ATTACH COPY OF TRANSCRIPT(S).
- ☐ Minimum 1 year of employment in a corporate accounting environment. That is, employment performing duties in the following categories: accounts payable and payroll. No pay stubs are required. References will be checked from resume.

Attach a resume (in pdf format)

Save your completed application (this document) to submit to applications@iatse.com

In addition, you must have job related experience or proficiency in *ANY THREE* of the following programs:

MICROSOFT EXCEL

VISTA EP and/or EP Global VISTA

SHOW AUDITOR

ACC PAC

EPOL - EP ON LINE

WORD

MEDIA SERVICES

AXIUM

PSL 1/CAST & CREW

Please note: Most positions require employees to report to work at locations that are inaccessible to public transit, therefore it is strongly recommended that you have a valid BC Drivers License and use of a reliable vehicle. Many positions require employees to travel between work locations. Employees using their own vehicles must be able to provide their employer with proof of having Business Class Insurance. **Please do not forward copies of your drivers license, as this information is not required for your application.*



IATSE LOCAL 891

International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts
of the United States, its Territories and Canada · British Columbia & Yukon

Consent to Receive Electronic Communications

This form will confirm that you have consented to receive our electronic communications, including but not limited to our newsletters, production summaries, production reports, notifications with respect to seminars and fundraisers, departmental communications, communications from third parties, and other notifications we send from time to time for the purpose of (i) sharing information; (ii) establishing, developing and/or maintaining our relationship with you; and (iii) in accordance with our strategic objectives.

Please note that the provisions of our Privacy Policy continue to apply.

Please sign and date this consent below to confirm your agreement.

Last 4 digits of S.I.N.

Printed Name

Signature or typed initial providing your consent

Date

Resource ID number
(To be added by staff)