

APPLICATION INFORMATION

Thank you for your interest in ACFC West, Local 2020 Unifor.

Please read this information before sending your required application material and administration fee. Anyone planning to work in the film industry should have the ability to relate to others, be a team player, and be very flexible. An overall understanding of how departments relate to each other and a basic knowledge of the industry will also determine acceptance into the union.

REQUIREMENTS

- ✓ Completion of a recognized **Motion Picture Industry Orientation** course is required. Include photocopy of certificate. Offered at Capilano University at 604-984-4901 or <http://www.capilanou.ca/> as well as other post-secondary institutions.
- ✓ **WHMIS** Certificate (Workplace Hazardous Materials Information System). Include photocopy of certificate. Contact Actsafe at 604-733-4682 or <http://www.actsafe.ca/> as well as other recognized providers.
- ✓ **30 verifiable paid days worked on professional made for television productions or feature films**, (may vary in some departments) **IN THE POSITION YOU ARE APPLYING FOR.**
- ✓ Completed application in the department you are applying for.
- ✓ Signed **original** Bargaining Authorization - form attached.
- ✓ Current resume **detailing the number of days worked on film/television productions.** Please see attached sample resume.
- ✓ Non-refundable application fee of \$85 payable by cash, cheque, money order or Mastercard, Visa or debit card. Application fee for a second department is \$25. You may apply for a MAXIMUM of two departments.
- ✓ Some departments/positions have additional requirements.

For more information, please visit our website at www.acfcwest.com. You can also e-mail applications@acfcwest.com or call **604-299-ACFC (2232)**, extension #570. Applications can be mailed or dropped off to the address below.

The \$85 fee is **NOT** a guarantee that you will be accepted as a member. Your application will be reviewed once all criteria are met. Should your application not be approved, you will be able to request re-application in the same department at a later date without charge.

Applications are submitted to the Council at any Council meeting (usually once per month). You will be informed in writing or by phone after your application has been reviewed.

RETAIN THIS COPY FOR YOUR RECORDS

SOUND DEPARTMENT QUESTIONNAIRE

DO YOU HAVE A DRIVER'S LICENCE? YES NO
 DO YOU OWN A CAR OR VAN? YES NO OTHER _____
 DO YOU HAVE AT LEAST ONE SET OF RAIN GEAR? YES NO
 DO YOU HAVE COLD WEATHER GEAR? YES NO

EXPERIENCE – CHECK ITEMS IN ALL CATEGORIES IN WHICH YOU HAVE WORKING EXPERIENCE:

SOUND MIXER/RECORDIST			BOOM OPERATOR			CABLE PULLER		
FEATURE	YES	NO	FEATURE	YES	NO	FEATURE	YES	NO
TV MOVIE	<input type="checkbox"/>	<input type="checkbox"/>	TV SERIES	<input type="checkbox"/>	<input type="checkbox"/>	TV SERIES	<input type="checkbox"/>	<input type="checkbox"/>
TV SERIES	<input type="checkbox"/>	<input type="checkbox"/>	TV MOVIE	<input type="checkbox"/>	<input type="checkbox"/>	TV MOVIE	<input type="checkbox"/>	<input type="checkbox"/>
LOW BUDGET	<input type="checkbox"/>	<input type="checkbox"/>	LOW BUDGET	<input type="checkbox"/>	<input type="checkbox"/>	LOW BUDGET	<input type="checkbox"/>	<input type="checkbox"/>
EFP/ENG/VIDEO	<input type="checkbox"/>	<input type="checkbox"/>	EFP/ENG/VIDEO	<input type="checkbox"/>	<input type="checkbox"/>	EFP/ENG/VIDEO	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIALS	<input type="checkbox"/>	<input type="checkbox"/>	COMMERCIALS	<input type="checkbox"/>	<input type="checkbox"/>	COMMERCIALS	<input type="checkbox"/>	<input type="checkbox"/>
RADIO MIKING ACTORS	<input type="checkbox"/>	<input type="checkbox"/>	RADIO MIKING ACTORS	<input type="checkbox"/>	<input type="checkbox"/>	RADIO MIKING ACTORS	<input type="checkbox"/>	<input type="checkbox"/>
PLANTING MICS	<input type="checkbox"/>	<input type="checkbox"/>	PLANTING MICS	<input type="checkbox"/>	<input type="checkbox"/>	PLANTING MICS	<input type="checkbox"/>	<input type="checkbox"/>
PLAYBACK	<input type="checkbox"/>	<input type="checkbox"/>	PLAYBACK	<input type="checkbox"/>	<input type="checkbox"/>	PLAYBACK	<input type="checkbox"/>	<input type="checkbox"/>
FX RECORDING	<input type="checkbox"/>	<input type="checkbox"/>	FX RECORDING	<input type="checkbox"/>	<input type="checkbox"/>	FX RECORDING	<input type="checkbox"/>	<input type="checkbox"/>
EQUIP. MAINTENANCE (soldering cables, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	EQUIP. MAINTENANCE (soldering cables, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	EQUIP. MAINTENANCE (soldering cables, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
NORTHERN experience	<input type="checkbox"/>	<input type="checkbox"/>	NORTHERN experience	<input type="checkbox"/>	<input type="checkbox"/>	NORTHERN experience	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	DOCUMENTARY	<input type="checkbox"/>	<input type="checkbox"/>	DOCUMENTARY	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____			OTHER _____			OTHER _____		

LIST ANY OTHER RELATED SOUND RECORDING EXPERIENCE: _____

DO YOU HAVE A BASIC DOCUMENTARY PACKAGE (nagra or dat recorder, mixer, shotgun mic(s), boom-pole, wireless or lavalier mics)? YES NO

DO YOU HAVE A FULL SOUND PACKAGE FOR DRAMAS? YES NO

DO YOU OWN A BOOM POLE? YES NO

DO YOU OWN PRO QUALITY HEADPHONES? YES NO

ANY OTHER SOUND GEAR? _____

ADDITIONAL INFORMATION: _____

SOUND DEPARTMENT QUESTIONNAIRE

REFERENCES:

1. _____
2. _____
3. _____

CREDITS:

POSITION	SHOW TITLE	PRODUCTION COMPANY	DEPT. HEAD	DAYS WORKED
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1. _____
2. _____
3. _____
4. _____
5. _____

EDUCATION: (Specialized training, Certificates, Degrees, etc.)

PLEASE LIST ANY GUILD OR UNION AFFILIATIONS:

BARGAINING AUTHORIZATION

Name: _____

PLEASE PRINT CLEARLY

“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.”

Dated this _____ day of _____, _____
DAY MONTH (Please Spell) YEAR

Signature: _____

SAMPLE RESUME

SUSIE DRIVEWELL

DRIVER – TRANSPORTATION DEPARTMENT

License: Class 6 and 1 w/Air Endorsement; 2001 Hair License #: 98765;
W.H.M.I.S; Set Etiquette; Transportation of Dangerous Goods Certificate;
Occupational First Aid Level I

SPECIAL ATTRIBUTES

High Rigging & Cable 1000 to 2000 ft; 3 years at Emily Carr Craft Service School;
Microsoft Office

FEATURES

Little Lies Feb/14	Big Lie Production 10 Days	PM: John Doe Coordinator
Superman Dec/13	Superduper Shows 2 Days	PM: Jane Dodo Coordinator
Mr. T. Rules June/13	Mr. T. TV 30 Days	Coordinator: Mrs. T. Special Equipment Driver
Mrs. T. Rules Oct/12	Mrs. T. TV 1 Day	PM: Grandad Doe Coordinator

MOWS

Sun City Jan/14	Sunshine Studios 30 Days	Coordinator: Mr. Sunshine Driver
Cat & Dog Oct/13	Bob Barker Productions 4 Days	Coordinator: Miss Meow Special Equipment Driver
Madison Aug/13	Mad Dog Productions 20 Days	PM: Jonathan Jones Coordinator

TELEVISION SERIES

X-Filez Nov/13	Rainy Day Productions 10 Days	Coordinator: David Duke-Ovny Driver
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AWARDS

Journeyman High Rigger with Safety Ticket; I.C.S. Motor Racing 1st Place;
The Annual Peggy Bundy Award for Excellence in Hair and Makeup

REFERENCES

Marsha Brady	Producer/Actor	(604) 456-7890
Hil Clinton	White House Administrator	(818) 240-2440
Don Johnson	Transport Coordinator	(505) 666-6969