

# New Applicant Package



**IATSE Local 479**  
**4220 International Pkwy**  
**Suite 100**  
**Atlanta, GA 30354**  
T 404-361-5676  
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# IATSE Local 479 NEW APPLICANT PACKAGE

## INDEX

Index.....	2
Welcome Letter .....	3
Application Checklist .....	4
Application Assistance Contacts .....	5
Membership Information Form .....	6
Department & Crafts List .....	7
Acknowledgement of Member Rights and Responsibilities.....	8-9
Reference Information Forms (4) .....	10-13
Member Obligation .....	14
Payroll Deduction Consent Form .....	15
Authorization for Representation.....	16



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Dear Prospective Member:

Here is your application to join IATSE Local 479. We would be delighted to have you as a member!

Local 479 members receive an extraordinary number of benefits. As a member, you earn the right to help determine our priorities for contracts and working conditions. We partner with the National Benefits Fund (NBF) to provide comprehensive Medical Insurance plans, Annuity plans, and a defined Pension Plan. These plans are employer-contributed, self-directed, and individually maintained between shows. The Medical Insurance plan premiums are often covered entirely by these employer contributions, with minimal out of pocket expense. An employee-contributed 401(k) is also available through the NBF. Other member benefits include free access to safety and craft training classes, production alerts and updates on shows with job availability, and many physical and virtual resources to assist you in both your personal and professional lives.

In order to become a member of Local 479, you must submit a completed application, pay all applicable fees, complete all mandatory trainings, and then be voted on by our current membership. Mandatory trainings include Online Safety Courses as well as a New Member Orientation meeting, where you receive information about the health insurance and other benefits as well as vital information about how to network and find jobs in the industry. This class is designed to get you started on the right foot learning how to connect with other Local 479 members. You will be contacted by our Education department within three days of submitting your completed application to assist you in registering for these mandatory training classes. Once you have attended a New Member Orientation and completed the online safety courses, you can be placed on the New Member Ballot for a vote.

You have maximum period of six months from the date you submit an application to complete all the requirements and be voted on, or your application will expire. Expired applications are destroyed, and a new application will have to be submitted in order to begin the process again.

Members obligate themselves to a 3% assessment, known as "work dues", which can be deducted from your weekly paycheck while working on a production. If not deducted, you will still be responsible for the 3% owed to Local 479.

Our meetings are bimonthly in the even-numbered months. The current membership votes on all applicants at each scheduled membership meeting. You will be contacted by our office after you have been voted into membership. We're excited that you want to help us all work together for better working conditions and benefits, and we look forward to having you as a member.

Please fill out the attached application package and return it to the office with your payment and proofs of residency. If you have any questions while going through it, please don't hesitate to call our office.

We look forward to having you as a member of IATSE Local 479!

In Solidarity,

Raymond Brown, Jr.  
President of IATSE Local 479

# APPLICATION CHECK LIST

The attached application is your doorway to continued professional growth within the film industry. Currently Local 479 has more than 7000 members representing all areas of the film industry. We welcome your expertise into our Local and are looking forward to years of working together.

## Required to be returned for Application to IATSE Local 479:

- INTERNATIONAL PLEDGE AND APPLICATION:** Complete in its entirety - Make sure to sign it where indicated
- MEMBERSHIP INFORMATION FORM:** Complete in its entirety. Use the list of Job Classes and Departments that is attached. Please only select only two positions. Have your sponsor fill in necessary information and sign.
- REFERENCE FORMS (4):** Two of your references **MUST** come from a member of Local 479 who is in good standing. The other two references may come from anyone who knows you and can vouch for your work ethic. A recent department head or employer is best. Please complete all four forms.
- MEMBER OBLIGATION:** Complete in its entirety and sign.
- PAYROLL DEDUCTION CONSENT FORM:** Complete in its entirety and sign.
- AUTHORIZATION FOR REPRESENTATION:** Complete in its entirety and sign.
- CERTIFICATIONS:** Copy of all certifications required. Example: Paramedic, EMT, Diving, etc.
- RESUME:** Your most current copy. *It must indicate 180 Days of film experience if you join as a Journeyman.*
- LICENSE:** Proof of residency is met with a copy of your driver's license. You **MUST** have permanent residence in Local 479's jurisdiction for **18 months** or more.

**NOTE:** If you have a newly issued license and the issue date is less than 18 months you will need additional proof of 18 months residency. You can show proof of residency a few ways: Copy of a Motor Vehicle Report from the DMV, Vehicle Tag Renewal, Copy of your Federal Tax Return with YOUR name and from the same state as your driver's license.

- PAYMENT:** Your initial payment consists of three parts:
  - o a one-time, non-refundable application fee of \$100 (sent to the IA International office)
  - o a one-time initiation fee of \$1400
  - o pre-payment of the quarterly dues for all remaining quarters in the calendar year. Applicants submitting their application during the fourth quarter should expect to pre-pay the quarterly dues for the entire upcoming calendar year as well. If you have a question about exactly how much is due when you submit your application, please contact our office. We accept VISA, MASTERCARD, DISCOVER, AMEX, Check or Money order. Checks and Money orders should be made payable to "IATSE Local 479." **Checks will be deposited immediately.**

**\*\*The whole total is due BEFORE we can process your application\*\***

We will accept and process your application only after receiving all the completed required documents and all fees. **Applications are accepted Monday through Thursday, between the hours of 9AM and 4PM. No applications will be accepted on Fridays.**

Again, thank you for your interest in joining Local 479. If you have any questions, please feel free to call the office at 404-361-5676.

**\*\*ALL FEES ARE SUBJECT TO CHANGE\*\***

## **Please reach out to the following staff members for assistance completing your application:**

For questions about the local in general, or how to complete your application, contact our Member Services staff member Lajuana Scott.

Email: [lscott@iatse479.org](mailto:lscott@iatse479.org)

Phone: 404-361-5676, ext. 101

For questions regarding the residency requirements, contact our Director of Membership Kevin Amick.

Email: [kamick@iatse479.org](mailto:kamick@iatse479.org)

Phone: 404-361-5676, ext. 152

For questions about the mandatory training classes, contact our Education Department.

Email: [training@iatse479.org](mailto:training@iatse479.org)

Phone: 404-361-5676, ext. 153



# MEMBERSHIP INFORMATION FORM

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ Birth Date \_\_\_\_\_

Are you a veteran? Yes / No If yes, provide a DD214 with your application to receive a military discount on our fees.

Email \_\_\_\_\_ Paper Billing  - or - Paperless Billing

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been a member of any other IATSE Local? Yes / No If yes, Local # \_\_\_\_\_

Local 479 Member Sponsor's Name \_\_\_\_\_ Card # \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Phone \_\_\_\_\_

## DEPARTMENT AND CRAFTS

Main Job Class \_\_\_\_\_ Second Job Class \_\_\_\_\_  
*Select up to 2 Job Classifications from the list on the next page*

## CERTIFICATIONS

\_\_\_\_\_

*(Any listed certifications must be accompanied by a copy of the current certification card.)*

## SPECIAL SKILLS

\_\_\_\_\_

*(You may list up to three of the Special Skills from the list on the next page.)*

Please list your most recent production experience.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

*(Include a current resume detailing your work experience.)*



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## DEPARTMENT & CRAFTS LIST

- |   |   |   |  |  |
|---|---|---|--|--|
| <p><b><u>ART</u></b></p> <ul style="list-style-type: none"> <li>- Art Dept. Coordinator</li> <li>- Set Designer</li> <li>- Graphic Artist</li> </ul> <p><b><u>CONSTRUCTION</u></b></p> <ul style="list-style-type: none"> <li>- Coordinator</li> <li>- Foreman</li> <li>- Buyer</li> <li>- Gang Boss</li> <li>- Toolman</li> <li>- Propmaker</li> <li>- Model Maker</li> <li>- Welder</li> <li>- Utility</li> </ul> <p><b><u>GREENS</u></b></p> <ul style="list-style-type: none"> <li>- Foreman</li> <li>- Gang Boss</li> <li>- Greensman</li> </ul> | <p><b><u>PAINT</u></b></p> <ul style="list-style-type: none"> <li>- Charge Scenic</li> <li>- Scenic Artist</li> <li>- Foreman</li> <li>- Gang Boss</li> <li>- Sign Writer</li> <li>- On-Set Painter</li> <li>- Set Painter</li> <li>- Utility</li> </ul> <p><b><u>PLASTER</u></b></p> <ul style="list-style-type: none"> <li>- Foreman</li> <li>- Plasterer</li> </ul> <p><b><u>SET DECORATING</u></b></p> <ul style="list-style-type: none"> <li>- Decorator</li> <li>- Leadman</li> <li>- Draper</li> <li>- Dresser</li> <li>- On-Set Dresser</li> <li>- Buyer</li> </ul> | <p><b><u>PROPS</u></b></p> <ul style="list-style-type: none"> <li>- Prop Master</li> <li>- Asst. Prop Master</li> <li>- Props Person</li> <li>- Armorer</li> <li>- Marine Coordinator</li> <li>- Picture Car Coordinator</li> <li>- On-Set Picture Cars/Boats</li> <li>- Boat Handler</li> </ul> <p><b><u>CRAFT SERVICE</u></b></p> <ul style="list-style-type: none"> <li>- Key Craft Service</li> <li>- Asst. Craft Service</li> </ul> <p><b><u>GRIP</u></b></p> <ul style="list-style-type: none"> <li>- Key Grip</li> <li>- Best Boy</li> <li>- Dolly Grip</li> <li>- Grip</li> </ul> | <p><b><u>ELECTRICAL</u></b></p> <ul style="list-style-type: none"> <li>- Gaffer</li> <li>- Best Boy</li> <li>- Lamp Operator</li> <li>- Generator Operator</li> <li>- Dimmer Operator</li> <li>- Electrician</li> </ul> <p><b><u>RIGGING</u></b></p> <ul style="list-style-type: none"> <li>- Key Grip</li> <li>- Gaffer</li> </ul> <p><b><u>SPECIAL EFFECTS</u></b></p> <ul style="list-style-type: none"> <li>- Coordinator</li> <li>- Foreman</li> <li>- Effects Technician</li> </ul> <p><b><u>MISC.</u></b></p> <ul style="list-style-type: none"> <li>- Medic*</li> <li>- Set Teacher*</li> <li>- Tutor*</li> <li>- Locations</li> </ul> | <p><b><u>SOUND/VIDEO</u></b></p> <ul style="list-style-type: none"> <li>- Mixer</li> <li>- Boom Operator</li> <li>- Cableman</li> <li>- 24-Frame Playback</li> <li>- Projectionist</li> <li>- Video Assist</li> <li>- ENG Sound</li> </ul> <p><b><u>WARDROBE</u></b></p> <ul style="list-style-type: none"> <li>- Costume Designer</li> <li>- Supervisor</li> <li>- Key Costumer</li> <li>- Key Set Costumer</li> <li>- Set Costumer</li> <li>- Costumer</li> <li>- Ager/Dyer</li> <li>- Seamstress/Tailor</li> <li>- Buyer</li> </ul> |
|---|---|---|--|--|

## CREDENTIALS LIST

(If you choose one of the crafts above with \*, you must have current credentials from the below list.)

**Medic**

- GA - EMT, EMT-I, EMT-A
- GA - Paramedic
- GA - Cardiac Technician
- GA - Licensed Practical Nurse
- GA - Registered Nurse Level Providers
- GA - Physician's Assistant Level Providers
- GA - MD Level Providers

**Set Teacher / Tutor**

- GA - State Education Certificate (CA State Certificate optional)

## SPECIAL SKILLS LIST

(You may list up to three of the special skills provided below.)

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>- Alterations</li> <li>- Arena Rigging</li> <li>- Arial Platforms</li> <li>- CAD</li> </ul> | <ul style="list-style-type: none"> <li>- Genny Operator</li> <li>- Marksmanship Coach</li> <li>- Metal Fabrication</li> <li>- Puppet Fabrication</li> </ul> | <ul style="list-style-type: none"> <li>- Storyboard Artist</li> <li>- Teleprompter Operator</li> <li>- Welder</li> </ul> |
|--|---|--|

# AKNOWLEDGEMENT OF MEMBER RIGHTS AND RESPONSIBILITIES

*(If you have ANY questions regarding any of the below statements, please make sure to address them with a member of Local 479's office staff before submitting your application.)*

I, \_\_\_\_\_, hereby acknowledge that I have been made aware of the following:

1. IATSE Local 479 is a voluntary labor organization that I am freely and voluntarily choosing to join.
2. The Local does not operate a referral hall and does not refer members to jobs. There is no guarantee that I will get a job by becoming a member. The Local's role is to administer and enforce the wages, hours, and terms and conditions of work covered by the IATSE collective bargaining agreements. It is my responsibility to apply for and secure my own work from the industry producers.
3. The Local provides a New Member Orientation class that is available online. It is my responsibility to complete this class before I am eligible to be voted into membership. It is also my responsibility to complete the required Online Safety Courses before my application can be voted on. I understand that, should I fail to complete these requirements within six months of submitting my application, my application will become expired. If my application expires, I will need to start the application process again from the beginning.
4. As a member of the Local, I have taken an oath to promote the hiring of my union brothers and sisters before anyone else.
5. By signing the Local's work dues authorization, I have promised to pay 3% of my gross earnings to the Local from each IATSE-covered job within the Local's jurisdiction. These dues help pay the Local's costs of administering the collective bargaining agreements with the producers. If I have instructed the payroll company to deduct my dues from my weekly paycheck, I still remain responsible for making sure my dues are paid to the Local.
6. By signing this page, I authorize the Local to contact me by phone, SMS text, mail, email, or any combination of these methods. I acknowledge that Local 479 is not responsible for communications that are filtered by my email server, undelivered to due cellular carrier restrictions, or undeliverable by the US Postal service.
7. I am responsible for providing the Local with up-to-date contact information. If I change my contact information for any reason, it is my responsibility to report these changes to the Local. The Local does not assume responsibility for communications that I do not receive due to incorrect contact information.
8. Local 479 is NOT my employer of record and therefore does not have the ability to complete any verification of employment on my behalf. If employment verification is necessary, I should provide contact information for either my current production's office or my current production's payroll office.



# ACKNOWLEDGEMENT OF MEMBER RIGHTS AND RESPONSIBILITIES

*(continued)*

9. I have been made aware of the following benefits the Local offers its members:
- Free training opportunities for safety and craft training
  - Access to a fitness center
  - Access to an online portal that contains production contact information and my own account information
  - Assistance from the Local 479 Hardship Committee for personal qualifying hardship situations
  - Short term/long term disability insurance
  - School scholarship opportunities for members and their family
  - Assistance and resources for getting help to overcome all types of addiction or abuse
10. So long as I am a member in good standing of the Local, I have the right to participate in Local meetings, to vote on Local officers, trustees, and delegates, to join Local committees, to participate in Local-sponsored events, to be eligible for Local benefits, including job training, and to receive Local communications.

Having acknowledged the above statements, I willingly submit an application for membership to IATSE Local 479 on this day: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_



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## REFERENCE INFORMATION FORM (1)

*Please fill this form out completely.*

Applicant Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

What capacity have you worked with the Applicant?

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How long have you known the Applicant?

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How many of each of the following have you worked along with the applicant on?

Features \_\_\_\_\_

MOW's \_\_\_\_\_

Commercials \_\_\_\_\_

TV Series \_\_\_\_\_

As far as you know, has the applicant been a permanent resident within Local 479's jurisdiction for at least 18 months?  
(Circle one)    yes    no

Please tell us about the applicant's skills.

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Reference's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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## REFERENCE INFORMATION FORM (2)

*Please fill this form out completely.*

Applicant Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

What capacity have you worked with the Applicant?

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How long have you known the Applicant?

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How many of each of the following have you worked along with the applicant on?

Features \_\_\_\_\_

MOW's \_\_\_\_\_

Commercials \_\_\_\_\_

TV Series \_\_\_\_\_

As far as you know, has the applicant been a permanent resident within Local 479's jurisdiction for at least 18 months?  
 (Circle one)    yes    no

Please tell us about the applicant's skills.

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Reference's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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## REFERENCE INFORMATION FORM (3)

*Please fill this form out completely.*

Applicant Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

What capacity have you worked with the Applicant?

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How long have you known the Applicant?

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How many of each of the following have you worked along with the applicant on?

Features \_\_\_\_\_

MOW's \_\_\_\_\_

Commercials \_\_\_\_\_

TV Series \_\_\_\_\_

As far as you know, has the applicant been a permanent resident within Local 479's jurisdiction for at least 18 months?  
 (Circle one) yes no

Please tell us about the applicant's skills.

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Reference's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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## REFERENCE INFORMATION FORM (4)

*Please fill this form out completely.*

Applicant Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

What capacity have you worked with the Applicant?

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How long have you known the Applicant?

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How many of each of the following have you worked along with the applicant on?

Features \_\_\_\_\_

MOW's \_\_\_\_\_

Commercials \_\_\_\_\_

TV Series \_\_\_\_\_

As far as you know, has the applicant been a permanent resident within Local 479's jurisdiction for at least 18 months?  
(Circle one) yes no

Please tell us about the applicant's skills.

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Reference's Signature \_\_\_\_\_

Date: \_\_\_\_\_



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## **MEMBER OBLIGATION**

The following obligation is required of new members. You are not bound by these obligations until you are a member of the Local. However, you should read and understand it before applying for membership.

**I do solemnly pledge my word of honor to abide by the Constitution and By-Laws of Local 479 of the International Alliance of Theatrical Stage Employees, Moving Pictures Technicians, Artists, and Allied Crafts of the United States, its Territories, and Canada. I further affirm that I will obey the mandates of the AFL-CIO, so long as the International Alliance is a part of that organization. The will of the majority I will always abide by. I will use every honorable means to secure employment for the members of the union. I pledge to keep confidential the work of this body and to do all in my power to discourage and prevent violation of this requirement. Should I fail to keep true this, my solemn obligation, I shall willingly submit to such discipline as my lack of loyalty may bring upon me.**

**I understand that I am bound to this oath upon acceptance into the Local.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## PAYROLL DEDUCTION CONSENT FORM

Effective from date of hire, I do hereby authorize Studio Mechanics Local 479 IATSE to act for me as my collective bargaining agent in all matters pertaining to minimum wages, terms, conditions, and benefits of my employment.

I hereby assign Studio Mechanics Local 479 IATSE three percent (3%) of all wages earned and to be earned by me as an employee and working under any IATSE collective bargaining agreement with the jurisdiction of Local 479. I authorize and direct my employer to deduct such three percent (3%) from my wages and to remit to Studio Mechanics Local 479 IATSE. I further authorize Studio Mechanics Local 479 IATSE to submit this consent for payroll deduction deposit this authorization with any employer under contract with Studio Mechanics Local 479 IATSE.

This assignment shall be irrevocable for a period beginning one (1) year, and shall be automatically renewed, with the same irrevocability, for a successive like period unless canceled by me in writing not more than thirty (30), nor less than ten (10) days prior to the expiration of such period.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_



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## AUTHORIZATION OF REPRESENTATION

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA, AFL-CIO-CLC (IATSE)

### Designation of Collective Bargaining Representative

I hereby authorize the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists, and Allies Craft of the United States and Canada, AFL-CIO-CLC (IATSE) and Local 479, IATSE to represent me for the purpose of collective bargaining in matter of wages, hours, and other terms and conditions of employment with my current employer as set forth below as well as all other employers for whom I may become employed after the date set forth below on all present and future job sites. I understand this authorization form may be used to obtain recognition for my current or future employer without election. I further understand that this authorization shall not expire until such time as I revoke it in writing.

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Place signed: \_\_\_\_\_ Witness: \_\_\_\_\_