



**International Alliance of Theatrical Stage Employees,
Moving Picture Technicians, Artists & Allied Crafts
LOCAL 500 SOUTH FLORIDA • AFL-CIO**

Stagehands · Wardrobe · Audio-Visual · Video Technicians · Exhibition Employees
Treasurers & Ticket Sellers · Projectionists · Allied Crafts
1001 NW 62nd Street, Suite 220 · Fort Lauderdale, Florida 33309
Phone (954) 202-2624 · Fax (954) 772-4713 · office@iatselocal500.org

WORK EXPERIENCE AND SKILLS FORM

Name: _____

Opt in to receive SMS Notifications
At the number provided on this form:*

☐

Place Check mark in the Box

E-Mail: _____

*By opting into SMS, you acknowledge and agree to the following: You consent to receive SMS messages from IATSE Local 500. Message & data rates may apply. Message frequency may vary. You can opt out of SMS communications by replying STOP. You can get help by replying HELP. Alternatively, help can be obtained directly from us by emailing office@IATSElocal500.org

Cell Phone: _____

Please rate yourself in all the areas below your proficiency.
Please use a rating 1 to 3 or not applicable. Do not leave any blanks.

1 = Expert (Head Level of Skill)	2 = Intermediate (Assistant Level of Skill)	3 = Basic (Beginner Level of Skill)	N/A = Not Applicable (No Skill)
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Stage Carpenter	Hang & Focus Lights	AV Tech	Props
Shop Carpenter	Light Board Operator	Video Projection	Pipe & Drape
Welding	Moving Light Operator	Video Switching	Display Work
Pin & Fly Rail Systems	Spot Light Operator	Computer Tech	Loader
Up Rigger	Sound / Audio	PowerPoint Operator	Aerial Lift Operator
Down Rigger	Sound Board Operator	Networking / IT	Fork Lift Operator
Stage Electrician	Play Back & Recorders	Graphics	Steward
Read Light Plots	Running Film Projectors	Camera Operator	

Wardrobe / Dresser	Wardrobe Draper	Sewing (Costume/Drops)	Hair & Makeup
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Certifications:

	Yes	No		Yes	No
ETCP Rigging Arena			ETCP Portable Power Distribution		
ETCP Rigging Theatre			Fork Lift Certified		
ETCP Entertainment Electrician			Aerial Lift Certified		

Please list any lighting or sound boards you can program: _____

Do you have any fear of heights (i.e. working on a truss, A-frame ladder, or personal lift)? (circle one) Yes or No

Do you have any physical limitations that may affect your ability to perform assigned tasks? (circle one) Yes or No

Can you lift at least 50 pounds without fear of personal physical risk? (circle one) Yes or No

Please sign this form as an indication that all of the information above is true to the best of your knowledge.

Print Your Name: _____

Signature: _____ Date: _____