

Film/Television Crew Advancement Program Application

Attention Applicant: submit this completed application to your production office.

COMPANY NAME: _____

Check Project Type: Cable/TV Movie Cable/TV Series Studio Feature Independent Film Other

Last Name, First Name (Print): _____

Home Address/City/Zip: _____

Last 4 Digits of SSN: ____ Email: _____

Primary phone: _____ Secondary phone (optional): _____

Job Title/Position and Department: _____

Brief Description of Responsibilities: _____

Is New Mexico your primary residence? _____ How long have you lived in NM? _____ (years)

Employment Start Date: ____ / ____ / ____ Hourly Rate: _____ Min. Hours per Day: _____

Please check “yes” or “no” to the following questions:

YES NO

- Have you ever participated in this program in any job position?
- Have you previously worked in this specific position or higher on a project where the budget was over a five hundred thousand dollars (\$500,000.00)?
- Have you ever worked in a higher level position within this department?
- Do you have any previous work experience in this craft department?
- Will you be supervising any other crew members on this project?
- Are you a member or applicant to a film union or guild?

- Attach your resume to this application or list the names of the production companies for whom you have worked in this department on back of this page.
- List any film-related, professional affiliations of which you are a member and any certifications, courses or degrees which you have completed that pertain to the position in which you have been or will be hired: _____

Mentor’s Name and Job Title: _____

Mentor’s Phone and Email: _____

Mentor’s Residence (City/State): _____ Last Four of SSN: _____

Name of Immediate Supervisor (if different): _____

By signing this form, I hereby declare and certify the above information to the best of my knowledge is true, correct and complete in all aspects:

Participant/Trainee Signature

Date