



Application for PERMIT STATUS

Incomplete applications will NOT be considered. Therefore, please ensure that your application includes:

- \$25.00 Non-Refundable Processing Fee
- Payroll Direct Deposit Form from Financial Institution or Void Cheque
- Current Resumé and References
- Completed TD1 Tax Forms for both Federal and Provincial Taxes
(Please find attached, or download from www.cra-arc.gc.ca/formspubs/forms/td1-e.html)
- Copies of any relevant Certificates you hold (eg. Set Etiquette, First Aid, WHMIS, Fall Arrest, etc...)
- Other Certificates and Licenses that are relevant to Departments you are applying for
(eg. License and Certificate for Hair, Fork Lift, Fall Protection)

Full Name (PLEASE PRINT CLEARLY): _____
First Middle Last

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email address: _____

Date of Birth: _____ Social Insurance Number: _____
(MM/DD/YYYY)

Emergency Contact Number _____ Relationship to Applicant _____

Have you applied to IATSE Local 210 before? No Yes If Yes, please give date: _____

* Please Note: To apply for Film work, you must have taken the Set Etiquette and Protocol Course.

1st Department: _____ Stage or Film

2nd Department: _____ Stage or Film

3rd Department: _____ Stage or Film

Approval for Departments
is based on the information
provided in your resume

- MacEwan University
- NAIT (SAIT)
- RED DEER COLLEGE
- University of Alberta

Step 2: Experience / Skills

Have you attended a Post-Secondary Theatre or Film/Media production program in the last five years?

If Yes, which Program: _____

Year(s) _____ Program Name: _____

Post-Secondary Institution: _____

- Degree Certificate Diploma Incomplete

Do you have experience working in the Entertainment Industry? Yes No

In which Field? Theatre Film Concert Event
 Audio Visual Facility Other

Are you currently a Union Member? Yes / No (circle answer)

If YES, Which Union? _____ Local _____

References:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

General Certifications:

- Basic First Aid
 WHMIS

Skill Set Certifications - check all that apply

Copies of certificates and/or licenses will be placed in your file as confirmation

- | | |
|--|---|
| <input type="checkbox"/> Set Etiquette – Film and Television | <input type="checkbox"/> ETCP Arena Rigger |
| <input type="checkbox"/> Stage Etiquette – coming soon | <input type="checkbox"/> ETCP Theatre Rigger |
| <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Pyrotechnic – Senior Technician |
| <input type="checkbox"/> Advanced First Aid | <input type="checkbox"/> Pyrotechnic - Technician |
| <input type="checkbox"/> Industrial First Aid | <input type="checkbox"/> Lift Truck (fork lift) class 4/5 |
| <input type="checkbox"/> AED training | <input type="checkbox"/> Telehandler Class 7 |
| <input type="checkbox"/> Paramedic - EMT-P | <input type="checkbox"/> Aerial Platform up to 80 feet |
| <input type="checkbox"/> Paramedic – EMT-A | <input type="checkbox"/> Aerial Platform over 80 feet |
| <input type="checkbox"/> Food Handling | <input type="checkbox"/> Scissor Lift |
| <input type="checkbox"/> Provincial Electrical License | <input type="checkbox"/> Stacker Class 3, code 5 |
| <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Fall Arrest |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Other – please provide list |
| <input type="checkbox"/> Welding – Aluminum | |
| <input type="checkbox"/> SIM | |

If you have checked any of the above boxes under skill set qualifications; PLEASE SUBMIT COPIES with this application. If you do not supply copy of the certificates we cannot recognize it or have you on a call/job that requires said certificate.

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can claim this amount. If your net income from all sources for the year will be \$150,473 or less, enter **\$13,229**.
If your net income will be between \$150,473 and \$214,368 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2020 Personal Tax Credits Return, and fill in the appropriate section. If your net income will be between \$150,473 and \$214,368 and you do not want to calculate a partial claim, or if it will be more than \$214,368, enter \$12,298. If you will have more than one employer or payer at the same time in 2020, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.

2. Canada caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,273 for each infirm child born in 2003 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for that same child who is under age 18.

3. Age amount – If you will be 65 or older on December 31, 2020, and your net income for the year from all sources will be \$38,508 or less, enter \$7,637. If your net income for the year will be between \$38,508 and \$89,422 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2020 Personal Tax Credits Return, and fill in the appropriate section.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. Tuition (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,576.

7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,273 if they are **infirm**), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be Line 1 or more (Line 1 plus \$2,273 if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less **and** they are **infirm**, go to line 9.

8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,273 if they are **infirm** and you **cannot claim the Canada caregiver amount for children under age 18 for this dependant**), enter the difference between this amount and their estimated net income. If their net income for the year will be Line 1 or more (Line 1 plus \$2,273 or more if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less **and** they are **infirm and are age 18 or older**, go to line 9.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – If, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$24,361 or less, get Form TD1-WS and fill in the appropriate section.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9, or could have claimed an amount for if their net income were under \$15,502**) whose net income for the year will be \$17,085 or less, enter \$7,276. If their net income for the year will be between \$17,085 and \$24,361 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their **disability amount** on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their **tuition amount** on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2020, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check this box**, enter "0" on line 13 and do not fill in lines 2 to 12.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2020?

- Yes (Fill out the previous page.)
- No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$13,229, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only**, your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2020, you may be able to claim the child amount on Form TD1SK, 2020 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2020, you can claim any of the following:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____

YYYY/MM/DD

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number
<p>1. Basic personal amount – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2020, see "More than one employer or payer at the same time" on page 2.</p>			19,369
<p>2. Age amount – If you will be 65 or older on December 31, 2020, and your net income from all sources will be \$40,179 or less, enter \$5,397. If your net income for the year will be between \$40,179 and \$76,159 and you want to calculate a partial claim, get Form TD1AB-WS, Worksheet for the 2020 Alberta Personal Tax Credits Return, and fill in the appropriate section.</p>			
<p>3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,491, or your estimated annual pension income, whichever is less.</p>			
<p>4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$14,940.</p>			
<p>5. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.</p>			
<p>6. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.</p>			
<p>7. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,826 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • parent or grandparent (aged 65 or older) • relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$11,212 <p>If the dependant's net income for the year will be between \$17,826 and \$29,038 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.</p>			
<p>8. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$7,407 or less, enter \$11,212. You cannot claim an amount for a dependant you claimed on line 7. If the dependant's net income for the year will be between \$7,407 and \$18,619 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.</p>			
<p>9. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p>10. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p>11. TOTAL CLAIM AMOUNT – Add lines 1 to 10. Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.</p>			

Filling out Form TD1AB

Fill out this form **only** if you are an employee working in Alberta or a pensioner residing in Alberta and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1AB for 2020, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1AB, **check this box, enter "0" on line 11 and do not fill in lines 2 to 10.**

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **IATSE Local 210** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **IATSE Local 210** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **IATSE Local 210** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Any changes to this direct deposit agreement form must be made in writing and given to the Payroll Department with two weeks notice for processing.

Pay statements will be mailed to me on a biweekly basis: **I will therefore notify, in writing or email, IATSE Local 210 immediately of any changes in my address.**

Name of Member _____ Date: _____
(please print)

Signature _____ Signature #2 _____

If Joint Account we require both signatures

I am Requesting Direct Deposit for the First Time

Or

I am changing my banking information
(do not close prior account until after the first deposit has gone into to the new account)

I have attached a void cheque

Or

I have attached a payroll direct deposit form from my financial institution.

FOR OFFICE USE ONLY

Payroll #: _____ Date Processed: _____ Entered by: _____



Alberta Jubilee Auditoria **Back of House Procedures and Operating Policies**

Everyone working in the Jubilee Auditorium is expected to follow these procedures. Please read through and sign as indicated.

First Aid Reporting Procedures

If a worker requires minor first aid and can administer the first aid to themselves (ex. Band-aids) then the worker must complete the First Aid Record on the front of the First Aid kit and deposit the completed form into the envelopes attached to the fronts of the first aid kits. This will be gathered on a monthly basis by Culture Technical Staff.

Incident Reporting Procedures

The following incidents must be reported:

- Fatality
- Serious incidents
- Lost time (ex. next scheduled shift is missed)
- Medical aid or treatment on the same day of the occurrence
- Personal property damage
- First aid
- Near miss
- Damage to GOA property

NOTE: Do not disturb any incident scene except to administer first aid, protect property from further loss (ex. Fire) and to allow for all elements to be documented

- Seek medical treatment if required.
- Submit a Worker's Report of Injury to WCB for anything beyond first aid.
- Document the incident by filling out an Incident Report form and submit to Culture Technical Staff.

Near Miss (Prevention and Communication) Reporting Procedures

"An incident that had the potential to cause personal injury, property damage or both, but did not"

it's all at the jube.

- Inform the House Technicians and/or Culture Technical Staff immediately.
- Document the incident by filling out a First Aid Record form (if required) and a Prevention and Communication Report form and submit to Culture Technical Staff

Fire Alarm System

The Jubilee Auditoria have a two stage fire alarm system. This system, designed for public assembly buildings, allows time to investigate the cause of the alarm.

In the first stage, the alarm rings intermittently and is only heard in the lobbies, auxiliary spaces and backstage areas. It is not audible in the audience chamber.

It is not necessary to evacuate during the first stage. However, once the alarms begin ringing continuously, this is an indication that the system has entered second stage. In the second stage all persons **MUST** exit the building through the nearest safe exit. Evacuation maps are posted in all back of house spaces.

There will be verbal announcements made shortly after the alarms begin ringing continuously and Jubilee staff will be clearing the building.

General Policies

No Smoking

In accordance with *The Tobacco Reduction Act* (Statutes of Alberta 2005 Chapter T-3.8) (as amended), the Alberta Jubilee Auditoria are non-smoking facilities and the licensee must ensure there is no smoking in the Back of House areas.

Fire Curtain

The fire curtain line **must** remain clear of obstructions and must be able to travel freely at all times.

Power Tie-In:

All electrical connections using cam lock connectors or bare wire and all bare wire disconnections must be performed by a certified electrician (CE) with a valid Journeyman Ticket. A CE must be supplied through the IATSE Local or through the Jubilee Auditoria and the cost for the CE will be added to your IATSE crew bill or invoiced by the Auditoria.

Connections that are of a multiple pole plug type of 50 amperes or less with a "first make, last break" grounding pole may be connected by Jubilee Auditoria staff. In addition, the disconnection of cam lock connectors may be done by the Jubilee Auditoria House Lighting Technician after power panels are powered down.

Occupational, Health and Safety Policies

Fall Protection

When any work is being performed in the Front of House catwalks, box booms, and balcony rails, the worker shall wear and use a safety harness and fall protection as directed in Alberta Jubilee Auditoria instructions. When any work is being performed on a man lift, if the lift must be moved or adjusted while at elevation, for example when focusing light fixtures, the worker must wear a safety harness and fall arrest as per the *High Engineering 100% Tie-off to Batten Procedures*, which can be found in the Fall Protection Plan. In addition, whenever the man lift is in operation all outriggers must be fully deployed. If the lift must be moved or adjusted then the worker shall be tied off to an approved external point.

A safety harness is not required for the operation of the drivable scissor lift provided it is being used on a level surface.

When any work is being performed overhead outside of the catwalk guard rails, the worker shall wear and use approved harness and fall arrest equipment as directed in Alberta Jubilee Auditoria instructions. “*Fall Arrest Procedures*” and “*Travel Restraint Procedures*” can be found in the Fall Protection Plan.

Any worker supplying their own Personal Protection Equipment (“PPE”), e.g. harness, lanyard and shock absorber, is responsible for ensuring that the PPE meets CSA standards and may be subject to a visual inspection by the House Technicians.

The Jubilee Auditorium Fall Protection Plan documentation is available for your review in the crew lounge and on the staff website at:

NAJA = <http://www.jubileeauditorium.com/northern/staff/tech/EvntInfo.htm>

SAJA = <http://www.jubileeauditorium.com/southern/staff/tech/EvntInfo.htm>

Hard Hats

During all work calls when there are workers on the Grid or overhead, everyone working, supervising or visiting the stage must wear a CSA approved hard hat (CSA Standard Z94, Class E) regardless of task and duration on stage.

Failure to comply may result in an eviction from the stage.

Steel Toed Footwear

During all work calls it is ***strongly recommend*** that CSA approved footwear with safety toe caps, shanks (Class 1, green “patch” triangle) and electrical shock resistance (white rectangle with orange Omega symbol) be worn at all times.

It is also **strongly recommended** that long pants are worn at all times while working on the stage.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE PROCEDURES AND OPERATING POLICIES SET OUT ABOVE.

Signature

Date

Print Name

Witness Signature

Print Name



IATSE LOCAL 210

The International Alliance of Theatrical Stage Employees, Moving Picture Technicians,
Artists and Allied Crafts of the United States, Its Territories and Canada

IATSE Local 210 would like to ensure that we have your consent to receive our electronic communications, including our newsletter, production updates, notifications of job postings, communication from third parties and other notifications we send from time to time for the purpose of (i) sharing information; and (ii) establishing, developing and / or managing our relationship with you.

If you wish to continue to receive these electronic communications from us, please sign and date this consent form and return to us.

Date: _____

Signature: _____

Print Name: _____

Email Address: _____

If you have any questions or wish to withdraw your consent at any time please contact us at:

Email: iatse210@iatse210.com

Phone: 780.423.1863 Monday thru Friday between 8:30 AM and 4:00 PM



IATSE LOCAL 210

The International Alliance of Theatrical Stage Employees, Moving Picture Technicians,
Artists and Allied Crafts of the United States, Its Territories and Canada

IATSE Local 210 requires information to insure we have a skilled and safe work force.

IATSE Local 210 members have been and will be working in venues and buildings which may require the Member to be bonded.

Please circle the correct answer

- 1) Are you bondable? YES NO
- 2) Have you been convicted of criminal offence? YES NO

Permit

Print name: _____

Date: _____

Signature: _____

Date: _____

Witness

Print name: _____

Date: _____

Signature: _____

Date: _____

WORKER ACKNOWLEDGMENT FORM

NO WORKER WILL PROCEED TO THE WORK AREA WITHOUT ATTENDING THE WORKPLACE ORIENTATION

Section 1: Responsibilities

- **Always obtain permission from your OEG on-site contact prior to arriving at site.**
- **Check-in with your OEG on-site contact OR the Security Control Room (780-664-0800) prior to commence work.**
- **Comply with facility rules and regulations (if you don't know, ask)**
- **Comply with all Occupational Health and Safety Regulations.**
- **Wear the appropriate Personal Protective Equipment.**
- **Report all injuries and unsafe Acts and Conditions immediately.**

Section 2: Emergency Response

- **Please familiarize yourself with the Environment and the nearest Safety Equipment.**
- **When the alarm sounds proceed to the nearest exit/muster point. **Emergency #9-1-1****

Section 3: Health & Safety

- **If you are concerned with any aspect of Health and Safety, please speak to your OEG representative.**
- **Workers are required to work safely and have the right and responsibility to refuse unsafe work.**
- **Wear the appropriate Personal Protective Equipment.**
- **All injuries NO MATTER HOW SLIGHT, must be reported to your OEG Rep immediately and accurately**
- **The use of drugs or alcohol is prohibited**
- **Also note that smoking on site is prohibited. Smoking is only permitted outside of the building.**
- **Fall protection is required for all work where a fall hazard of 3 meters or 10 feet exists.**
- **Observe all posted signage**

Section 4: Security

- **Please ensure you wear your visitors pass and it is visibly displayed on your person at all times**
- **You may be asked to show your visitors pass at any time by a member of our team**
- **Please keep your personal belongings with you at all times**
- **Please report lost ID Cards and paper passes immediately to your OEG Representative**

Section 5: Credentials

*****ALL CREDENTIALS MUST BE RETURNED TO SECURITY BEFORE DEPARTING THE PROJECT*****

ORIENTATIONS ARE VALID FOR MULTIPLE ENTRIES WITHIN THE SAME SHIFT.

*******WORKER TO RETAIN THE TOP PAGE FOR REFERENCE*******

WORKER ACKNOWLEDGMENT FORM

Short Service Personnel Commitment & Responsibility Acknowledgement			
<p>As a Worker at OEG/Rogers Place, I am committed to and understand my responsibilities with regards to Health Safety and Environmental Protection and shall ensure that:</p> <ol style="list-style-type: none"> 1. I comply with all applicable OH&S Regulations and OEG Policies. 2. Report all injuries, property damage or incidents immediately and accurately. 3. Report any unsafe conditions or practices observed as soon as possible. 4. I will wear the appropriate Personal Protective Equipment at all times on the project. <p>Non-Compliance with any of the Company, Project/Client Policies or Procedures will result in removal from site.</p> <p>NOTE: To review OEG policies or procedures in full please reach out to your OEG contact on-site.</p>			
Worker Information			
By signing below I acknowledge that I have read, understood my responsibilities			
			N/A
First Name	Last Name	Signature	Assigned Credential #
	OEG	780-423-1863	
Personal Contact Phone #	Employer	Company Phone #	Date