

Film Crew Advancement Program (FCAP) Trainee Application

**Attention Trainee: submit this completed application to your production office.*

COMPANY NAME: _____ Project Title: _____

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

Last Name (Print): _____ First Name (Print): _____

Home Address/City/Zip: _____

Last Four of SSN: _____ - _____ - _____ - _____ Email: _____

Primary phone: _____ Secondary phone (optional): _____

Job Title/Position: _____ Department: _____

Brief Description of Responsibilities: _____

Is New Mexico your primary residence (please check)? YES NO How long have you lived in NM? _____ (years)

*if 1 year of residence or less please include a copy of your drivers license

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

Please check "yes" or "no" to the following questions:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever participated in the FCAP program in any job position?
If yes, please list job positions and or productions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you previously worked in this specific position on a project where the budget was over five hundred thousand dollars (\$500,000.00)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever worked in a higher-level position within this department? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any previous work experience in this craft department? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be supervising any other crewmembers on this project? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member or applicant to a film union or guild?
If yes, please list: _____ |

Attach your resume to this application or list the names of the production companies for whom you have worked with in this department.

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: _____ Mentor's Job Title: _____

Mentor's Phone: _____ Mentor's 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

Print Name: