



Motion Picture Studio Production Technicians
Local 849 of the I.A.T.S.E.

Letter of Recommendation Form

Please complete this form in its entirety to recommend an Applicant for membership with IATSE Local 849.
This form should only be completed by a Head of Department, Key, Best or Second that the Applicant has worked with.

Name of Applicant:	Applicant Department:
--------------------	-----------------------

Name of Recommender:	Local:
Recommender Email:	Department:

Please fill out the chart below to show the Production(s) you have worked with the Applicant.

Production Title	Province	Dates	Applicant's Position	Working Relationship to Applicant

On this scale, 1 should represent "Does Not Meet Expectations", 2 should represent "Needs Improvement", 3 should represent "Meets Expectations", 4 should represent "Exceeds Expectations", and if a skill is not pertinent, check "N/A". You may add additional skills at the bottom of the lists.

CONDUCT	N/A	1	2	3	4
Punctuality	<input type="checkbox"/>				
Attitude	<input type="checkbox"/>				
Communication	<input type="checkbox"/>				
Follows instruction and corrections	<input type="checkbox"/>				
Asks questions or admits when unclear or unsure	<input type="checkbox"/>				
<i>Additional responsibility / skill</i>	<input type="checkbox"/>				

CONDUCT	N/A	1	2	3	4
Awareness of surroundings	<input type="checkbox"/>				
Attention to detail	<input type="checkbox"/>				
Time management	<input type="checkbox"/>				
Understands department responsibilities	<input type="checkbox"/>				
Checked in/used self-initiative once assigned tasks were complete	<input type="checkbox"/>				
<i>Additional responsibility / skill</i>	<input type="checkbox"/>				

Example of positive performance while under your supervision:

Areas of potential improvement:

Additional information about the applicant (optional):

By signing below, regardless of the responses given above, you are recommending the applicant, as detailed above, for membership with I.A.T.S.E. Local 849 and, as such, your name will be listed as one of the people who recommended them for membership on the ballot.

Signature of Recommender	Date
--------------------------	------

Please forward completed form to: applications@iatse849.com 617 Windmill Road, 2nd Floor, Dartmouth, Nova Scotia, B3B 1B6 Phone: 902.425.2739
