



FILM/TV PROGRAM APPLICATION FOR 2011

PLEASE NOTE THAT APPLICATIONS MUST BE POSTMARKED BY
WEDNESDAY, DECEMBER 1, 2010.

ALL REQUIRED MATERIALS MUST BE SUBMITTED WITH YOUR APPLICATION FOR IT TO BE
CONSIDERED COMPLETE. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

NO EXCEPTIONS.

IF YOU HAVE APPLIED TO THIS PROGRAM FOR 2 CONSECUTIVE YEARS, YOU MUST SKIP A YEAR
BEFORE APPLYING AGAIN. YOU MUST BE 21 YEARS OF AGE BY THE TIME THE PROGRAM
BEGINS (JUNE 2011) TO BE ELIGIBLE.

MAIL OR HAND-DELIVER TO:
NY DGA ASSISTANT DIRECTOR TRAINING PROGRAM
1697 BROADWAY, SUITE 600
NEW YORK, NY 10019

PART I: PERSONAL INFORMATION

_____ <i>LAST NAME</i>	_____ <i>FIRST NAME</i>	_____ <i>MIDDLE</i>	_____ <i>SOCIAL SECURITY #</i>
_____ <i>STREET ADDRESS</i>	_____ <i>CITY</i>	_____ <i>STATE, ZIP</i>	_____ <i>HOME PHONE #</i>
_____ <i>EMAIL ADDRESS</i>		_____ <i>CELL PHONE #</i>	

PART II: APPLICATION HISTORY

HAVE YOU APPLIED TO THE NEW YORK PROGRAM IN THE PAST? YES NO IF YES, _____
WHEN

HAVE YOU APPLIED TO THE LA PROGRAM THIS YEAR? YES NO IN THE PAST? IF YES, _____
WHEN

HAVE YOU APPLIED TO THE COMMERCIAL PROGRAM IN THE PAST? YES NO IF YES, _____
WHEN

HOW DID YOU LEARN ABOUT THE PROGRAM? _____

PART III: RESUME

PROVIDE COMPLETE PROFESSIONAL HISTORY IN THE FORM OF AN ATTACHED RESUME. YOUR RESUME SHOULD INCLUDE ALL OF THE FOLLOWING INFORMATION UNLESS AN ITEM IS NOT APPLICABLE. RESUMES WITHOUT ALL RELEVANT INFORMATION WILL BE CONSIDERED INCOMPLETE AND APPLICATION WILL THEREFORE NOT BE ACCEPTED.

- COMPLETE WORK EXPERIENCE WITH EMPLOYER, TITLE, RESPONSIBILITY, DATES, SALARY, REASONS FOR CHANGING EMPLOYERS AND EXPLANATIONS FOR ANY GAPS
- COMPLETE ACADEMIC HISTORY WITH NAME OF INSTITUTION, MAJOR/MINOR/CONCENTRATION, DEGREE, GRADE POINT AVERAGE, AWARDS AND HONORS – DO NOT SEND TRANSCRIPTS.
- SPECIAL TECHNICAL TRAINING, EDUCATION OR CERTIFICATION YOU HAVE COMPLETED
- COMPUTER SKILLS
- LANGUAGES SPOKEN
- EXTRACURRICULAR INTERESTS/ACTIVITIES OR OTHER RELATED INFORMATION

PART IV: LETTERS OF RECOMMENDATION

SUBMIT AT LEAST TWO **ORIGINAL SIGNED** LETTERS OF RECOMMENDATION FROM INDIVIDUALS WHO KNOW YOU IN A PROFESSIONAL CAPACITY. LETTERS SHOULD SPEAK TO YOUR POTENTIAL FOR SUCCESS AS AN ASSISTANT DIRECTOR. LETTERS RECEIVED SEPARATELY FROM APPLICATION WILL NOT BE ACCEPTED.

PART V: ESSAY QUESTIONS

PLEASE WRITE ESSAYS IN RESPONSE TO EACH OF THE QUESTIONS BELOW AND ATTACH TO YOUR APPLICATION. ESSAYS SHOULD BE SINGLE-SPACED, IN A FONT NO SMALLER THAN 11 AND APPROXIMATELY ½ PAGE EACH WITH ALL 4 TOTALING NO MORE THAN 2 PAGES COMBINED.

1. WHY ARE YOU APPLYING TO THE TRAINING PROGRAM AND THINK YOU WOULD BE SUCCESSFUL IN IT?
2. WHAT ARE YOUR SHORT AND LONG-TERM CAREER GOALS AND HOW DO YOU ENVISION REACHING THESE GOALS?
3. WHAT PERSONAL ACHIEVEMENT ARE YOU MOST PROUD OF IN YOUR LIFE AND WHY?
4. WHAT IS THE GREATEST CHALLENGE/ADVERSITY YOU HAVE HAD TO FACE IN YOUR LIFE AND HOW DID YOU OVERCOME IT? WHAT DID YOU LEARN?

THE APPLICATION PROCESS

- ◆ *DEADLINE DATE: **DECEMBER 1, 2010**. UPON SUCCESSFUL AND TIMELY RECEIPT OF THIS APPLICATION AND ALL REQUESTED DOCUMENTS ELIGIBLE APPLICANTS WILL RECEIVE CONFIRMATION OF PHASE ONE OF THE FORMAL ASSESSMENT PROCESS.*
- ◆ *PHASE ONE IS ADMINISTERED BY AN INDEPENDENT ASSESSMENT ORGANIZATION AND CONSISTS OF WRITTEN EXERCISES DESIGNED TO EVALUATE PROBLEM-SOLVING SKILLS, INTERPERSONAL ORIENTATION AND TEMPERAMENT.*

- ◆ TESTING WILL TAKE PLACE ON SATURDAY, **FEBRUARY 12, 2011** IN NEW YORK CITY ONLY. THOSE WHO RECEIVE THE HIGHEST TEST RATINGS WILL BE INVITED TO PARTICIPATE IN PHASE TWO. APPLICANTS REQUESTING TESTING ACCOMMODATIONS MUST SUBMIT OFFICIAL DOCUMENTATION OF DISABILITY AS SOON AS POSSIBLE.
- ◆ PHASE TWO CONSISTS OF AN INDIVIDUAL IN-DEPTH INTERVIEW CONDUCTED BY THE ASSESSMENT SERVICE. INTERVIEWS WILL TAKE PLACE IN NEW YORK CITY AND WILL BE SCHEDULED FOR **APRIL - MAY 2011**. FINAL CANDIDATES WILL THEN BE INVITED TO PARTICIPATE IN PHASE THREE.
- ◆ PHASE THREE, SCHEDULED IN **MAY 2011**, WILL BE AN INTERVIEW WITH THE TRAINING PROGRAM'S BOARD OF TRUSTEES WHO WILL MAKE THE FINAL SELECTION. THE PROGRAM BEGINS IN **JUNE 2011**.
- ◆ SUCCESSFUL COMPLETION OF THE PROGRAM WILL QUALIFY GRADUATES FOR ADMITTANCE AS 2ND ASSISTANT DIRECTORS TO THE DIRECTORS GUILD OF AMERICA.

DECLARATION — READ CAREFULLY BEFORE SIGNING:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION AND HEREBY GIVE PERMISSION TO CONTACT FORMER EMPLOYERS OR OTHERS.

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR ON THIS APPLICATION WILL CONSTITUTE CAUSE FOR ELIMINATION FROM FURTHER CONSIDERATION FOR TRAINING AND/OR DISMISSAL FROM ANY EMPLOYMENT OBTAINED THEREUNDER.

I HEREBY AGREE THAT IF I AM ACCEPTED AND APPROVED FOR TRAINING, I WILL BE BOUND BY THE PROGRAM AND ALL OF ITS APPLICABLE TERMS AND PROVISIONS.

APPLICANT'S SIGNATURE _____ *DATE* _____

**NY DGA
ASSISTANT DIRECTOR TRAINING PROGRAM
2011
(OPTIONAL)**

The following information will be used for research purposes only. Completion of this form is entirely voluntary. The information you provide or your decision not to complete this form will not affect your application to or selection for the program.

PLEASE CHECK THE BOX(ES) WHICH BEST DESCRIBE YOU:

1) CAUCASIAN

1) MALE

2) BLACK/AFRICAN AMERICAN

2) FEMALE

3) ASIAN AMERICAN

4) NATIVE AMERICAN

5) LATINO/HISPANIC

6) OTHER, *PLEASE SPECIFY:*
