

## FILM/TV PROGRAM APPLICATION FOR 2018

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### THE APPLICATION PROCESS

- ◆ *THIS APPLICATION CONSISTS OF FIVE (5) PARTS. PLEASE READ CAREFULLY. DEADLINE DATE: **DECEMBER 1, 2017**. 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. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FURTHER REVIEW.*
  - ◆ *PHASE ONE, ON-LINE TESTING 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 10, 2018** ONLINE ONLY. SEVERAL CRITERIA ARE USED TO DETERMINE WHO CONTINUES ON TO PHASE TWO: ON-LINE TESTING SCORE, APPLICATION RESPONSES, INCLUDING RELEVANT WORK, LIFE EXPERIENCE, AND RECOMMENDATIONS. APPLICANTS REQUESTING TESTING ACCOMMODATIONS MUST SUBMIT OFFICIAL DOCUMENTATION OF DISABILITY WITH APPLICATION.*
  - ◆ *PHASE TWO CONSISTS OF AN INDIVIDUAL IN-DEPTH INTERVIEW CONDUCTED BY THE ASSESSMENT ORGANIZATION. INTERVIEWS WILL TAKE PLACE IN NEW YORK CITY AND WILL BE SCHEDULED FOR **MARCH - APRIL 2018**. FINAL CANDIDATES WILL THEN BE INVITED TO PARTICIPATE IN PHASE THREE.*
  - ◆ *PHASE THREE, SCHEDULED IN **MAY 2018**, WILL BE AN INTERVIEW WITH THE TRAINING PROGRAM'S BOARD OF TRUSTEES WHO WILL MAKE THE FINAL SELECTION. THE PROGRAM BEGINS IN **JUNE 2018**.*
  - ◆ *SUCCESSFUL COMPLETION OF THE PROGRAM WILL QUALIFY GRADUATES FOR ADMITTANCE AS 2<sup>ND</sup> ASSISTANT DIRECTORS TO THE DIRECTORS GUILD OF AMERICA.*
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**PLEASE NOTE THAT APPLICATIONS MUST BE POSTMARKED BY  
FRIDAY, DECEMBER 1, 2017.**

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

**NO EXCEPTIONS.**

**YOU MUST BE 21 YEARS OF AGE BY THE TIME THE PROGRAM BEGINS (JUNE 2018) TO BE ELIGIBLE.**

## FILM/TV PROGRAM APPLICATION 2018

### PART I: PERSONAL INFORMATION

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE

\_\_\_\_\_  
STREET ADDRESS APT. # CITY STATE ZIP

\_\_\_\_\_  
EMAIL ADDRESS PREFERRED PHONE #

ARE YOU A US CITIZEN?  YES  NO

IF NOT-PERMANENT RESIDENT STATUS IN THE US?  YES  NO

### 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, 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

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**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 THE APPLICATION WILL NOT BE ACCEPTED.

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**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 11PT AND APPROXIMATELY ½ PAGE EACH WITH ALL 4 TOTALING **NO MORE THAN 2 PAGES COMBINED**. PLEASE RESTATE THE ESSAY QUESTION ABOVE EACH ANSWER.*

1. WHY ARE YOU APPLYING TO THE TRAINING PROGRAM AND THINK YOU WOULD BE SUCCESSFUL IN IT? HOW WILL IT HELP YOU REACH YOUR GOALS?
2. WHAT IS THE TOUGHEST FEEDBACK YOU HAVE RECEIVED THAT MADE THE BIGGEST IMPACT ON YOU? EXPLAIN.
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?

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**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 REQUIRED FOR ON THIS APPLICATION WILL CONSTITUTE CAUSE FOR ELIMINATION FROM FURTHER CONSIDERATION FOR ACCEPTANCE OR CONTINUATION IN THE PROGRAM 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** \_\_\_\_\_

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FRIDAY, DECEMBER 1, 2017.**

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

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**NY DGA  
ASSISTANT DIRECTOR TRAINING PROGRAM  
2018  
(OPTIONAL)**

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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.

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**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:*

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