

2710 WINONA AVENUE
BURBANK, CA 91504T 818.847.0040
F 818.847.0048
www.csatf.org

2019/2020 Local Provided Training Skills Training Application

This application packet consists of the Skills Training Application and the Course Reference List.

Your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. There is no reimbursement for Local Provided Training.

Eligibility:

- For Roster classifications, you must be active on the Roster for the applicable Local and classification, with an unexpired Form I-9 and be in compliance with Safety Pass training requirements. You may check your status at: www.csatf.org, left navigation under Online Roster, click on General Access.
- For Non Roster classifications, you must be reflected on the Online Roster in the applicable Local and classification and be in compliance with Safety Pass training requirements. If your name is not reflected on the Online Roster, you must provide proof of at least 30 workdays, of applicable and signatory employment within the past two years, in the form of either an employment verification letter from a payroll company or employer with exact work dates, Local number, job classification, and Social Security number **or** copies of pay stubs with actual work hours/dates (sick, vacation, holiday and travel time are not eligible), Local number or code, and job classification. More than one form of employment verification may be needed.

For questions regarding training dates, course content and scheduling, please contact your Local.

This form must be completed, signed, and returned as instructed below. Submit one signed application for each requested course. Please allow 1-2 weeks for processing.

Print all information completely and legibly. Personal information will be updated accordingly.

Name: _____ Last four digits of SSN*: _____
*First time applicants must provide full SSN

Local: _____ Classification: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell #: ☐ (None) () - Home #: ☐ (None) () - Email: ☐ (None)

Course #: _____ Course Name: _____ Course Reference List #: _____
(Please write course name exactly as it appears on the Course Reference List)

I have read, understood and agree to all the terms and conditions listed above:

Applicant Signature: _____ **Date:** _____

Return this form to CSATTF via email to skillstraining@csatf.org, in person, by fax or mail.

CSATTF Attn: Skills Training
2710 Winona Avenue
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260
Fax Number: 818.847.0048

For Office Use Only

Form I-9 Exp. Date: _____ Safety Pass Compliant: _____ Completed by: _____

Skills Training Application Expires: _____

☐

Approved

Denied ☐

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2019/2020 Local Provided Training Course Reference List #700

Skills Training courses for Local #705:

Course Number	Course Name
700-90	Key Costumer
700-91	Supervisor
700-92	Budgeting
700-93	Day Checking for Finished Costumers
700-94	Contracts - Basic Agreement and other contracts
700-95	Costume Continuity
700-96	Specialty Costumes
700-97	Aging and Distressing
700-98	Day Checking for Custom Made Costumers
700-99	Costumer Coordinator
700-100	Language of Costuming
700-101	Silhouettes

Course Number	Course Name
700-102	Measurements
700-103	Shopping/Pulling and Returns
700-104	Research Fundamentals
700-105	Fabric Sourcing
700-106	Ethnic Costume
700-107	Fittings
700-108	Jewelry making and repair
700-109	Millinery

***Eligible classifications: Costumer Journeyman, Costumer Key Person, Men's Custom Made Journeyman, Supervising Costumer, Women's Custom Made Journeyman**