

ASSISTANT DIRECTORS TRAINING PROGRAM 2025

DIRECTORS GUILD-PRODUCER TRAINING PLAN

Step 11 WORK EXPERIENCE EQUIVALENCY FORM

I voluntarily and knowingly authorize any present or past employer or supervisor, administrator, and/or other persons to provide the below information to the Assistant Directors Training Program by completing this form. I voluntarily and unconditionally release any named or unnamed employer from all liability resulting from the furnishing of this information. A photocopy of this form sent to you, the employer, shall be as valid as the original. I hereby authorize you to complete this form, which I will forward to *Assistant Directors Training Program*.

Name of Past/Present Employee (Trainee Applicant)	Signature of Past/Present Employee (Trainee Applicant Signature)	Date
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EMPLOYER: You must fill this section out completely! Check off and fill in all spaces with exact day counts! We cannot accept this form if it is filled out by the employee.

The individual listed above is applying to the *Assistant Directors Training Program*. To process the application, we must verify their employment with your company. Please fill out this form completely. If the employee held different positions with the company, please fill out a separate form for each position held. ***Be sure to indicate the dates of work and the exact number of days actually worked.*** Do not count weekends, holidays or other days not worked in your day count. **Please print neatly.** Please return this form to the past/present employee who will submit it to the ADTP. The ADTP must receive this information with your original signature, not a duplicate, photocopy or fax.

Name of Employee/ADTP Applicant	Social Security Number (Last 4 digits only)
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Name of Employer/Company	
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Job Title Past /Present Employee	<u>Write in the Exact Number of Workdays or Total Hours</u> <i>(Do not count days not worked)</i>
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Check off the applicable Workweek Day Count while employed : <input type="checkbox"/> 5 Day Workweek <input type="checkbox"/> 6 Day Workweek <input type="checkbox"/> Intermittent Employment	Check off applicable Full Time or Part Time Status while employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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Explain if none of these apply:

____/____/____ Month / Date / Year Exact Date Employment Began	____/____/____ Month / Date / Year Exact Date Employment Ended or state if "Still Employed"
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Please give a brief description of the responsibilities and tasks performed by this individual while under your supervision. Do not include a reference.

Employer Signature	Title	Date
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Employer Name (Print)	Telephone Number
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