

## I'M APPLYING FOR:

- TV/FILM     DESIGN

## AREAS OF EXPERIENCE

**PLEASE RATE THE FOLLOWING** 1 = I KNOW A LITTLE, 5 = I'VE GOT THIS DOWN

VIDEO EDITING	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> FINAL CUT	<input type="checkbox"/> PREMIER	<input type="checkbox"/> AVID	<input type="checkbox"/> IMOVIE	<input type="checkbox"/> VEGAS
VIDEO PRODUCTION	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> CAMERA OPERATION	<input type="checkbox"/> LIGHTING	<input type="checkbox"/> LIVE VIDEO SWITCHING		
AUDIO	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> PRO TOOLS	<input type="checkbox"/> LOGIC	<input type="checkbox"/> REASON	<input type="checkbox"/> GARAGE BAND	
LIVE AUDIO	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> MIXING	<input type="checkbox"/> MIXING ASSISTANT	<input type="checkbox"/> MONITORS	<input type="checkbox"/> STAGE TECH	
STAGECRAFT	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> CARPENTRY	<input type="checkbox"/> ELECTRICAL			
LIGHTING	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> THEATRICAL	<input type="checkbox"/> CONCERT	<input type="checkbox"/> VIDEO		
GRAPHIC DESIGN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> PHOTOSHOP	<input type="checkbox"/> ILLUSTRATOR	<input type="checkbox"/> INDESIGN		
INTERACTIVE DESIGN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> PHOTOSHOP	<input type="checkbox"/> HTML/CSS	<input type="checkbox"/> OTHER:		
MOTION DESIGN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> AFTER EFFECTS				

PLEASE LIST ANY ADDITIONAL SKILLS:

## PORTFOLIO SUBMISSION INSTRUCTIONS

- TV/FILM** SUBMIT A LINK TO A VIDEO PROJECT THAT YOU WERE DIRECTLY INVOLVED IN (VIDEO ANNOUNCEMENTS, TESTIMONY, PROMO, ETC.) THAT REFLECTS YOUR SKILL LEVEL, ALONG WITH NOTES OF WHAT YOU WERE RESPONSIBLE FOR ON THE PROJECT.  
**BONUS POINTS:** SUBMIT A 30-SECOND VIDEO THAT IS BASED ON SHAPES, HOWEVER YOU WANT TO INTERPRET THAT IN A CREATIVE WAY.
- DESIGN** SUBMIT A LINK TO A PORTFOLIO OF YOUR BEST DESIGN WORK (PRINT OR INTERACTIVE) THAT SHOWS YOUR SKILL LEVEL AND EXPERIENCE. BE THOUGHTFUL ABOUT WHAT YOU'RE SHOWING... WHAT YOU DON'T SHOW IS AS IMPORTANT AS WHAT YOU DO SHOW.

## WHY DO YOU THINK THE CREATIVE TRACK IS RIGHT FOR YOU?

## WHAT DO YOU HOPE TO LEARN FROM THIS TRACK?