



400 S Salina St, Syracuse, NY 13202 | (315) 362-2785  
info@theredhouse.org | www.theredhouse.org



## JOB POSTING

### Production Overhire - Ongoing

|                    |                     |                         |                       |
|--------------------|---------------------|-------------------------|-----------------------|
| <b>Position:</b>   | Production Overhire | <b>Status:</b>          | Non-exempt            |
| <b>Department:</b> | Artistic Production | <b>Full/Part Time:</b>  | Hourly based on needs |
| <b>Reports To:</b> | Production Manager  | <b>Annual/Seasonal:</b> | Seasonal              |
| <b>Start Date:</b> | As Needed           | <b>Compensation:</b>    | \$20 - \$25 per hour  |

### ABOUT REDHOUSE:

The Redhouse's mission is to create a new type of arts experience where professional and local actors work in tandem to benefit our community. We value and celebrate artists who challenge themselves, their peers, and share the core values of respect, empathy, and communication.

### POSITION SUMMARY:

The Production Overhire position is responsible for the assistance in build, set-up, and takedown of scenic and facility elements as used in a production. The Production Overhire position provides hands-on assistance with construction and deconstruction, fabrication, and basic painting as necessary.

### Major Duties and Responsibilities Include:

- Report to Production Manager and Technical Director.
- Work with the Production Manager with certain technical aspects of an event as assigned.
- Support theatrical technical set and strike needs.
- Move / Load set pieces, props, costumes and other related production items.
- Work as part of a team in a fast-paced environment.
- Ability to be directed on tasks and take initiative.
- Other related duties as assigned.
- Ability and willingness to work with additional abilities and in environments as listed below.

### Preferred Knowledge and Experience:

- Experience with set and scenic construction and use of power tools preferred
- Experience on a production crew preferred
- Attention to detail and safety
- Demonstrated skills in interpersonal communication, teamwork, and diplomacy

### SCHEDULE:

Your scheduled days will be coordinated by the Production Manager with your availability in mind. The bulk of the work hours will happen during weekdays and weekends, typically spanning afternoon hours. The position is hired on a per show basis spanning roughly 5 weeks. Start dates have flexibility.

### TO APPLY:

Applications will be reviewed and accepted on a rolling basis until requirements are met. Please send cover letter, resume, and two references with contact information to [production@theredhouse.org](mailto:production@theredhouse.org). Include the position you are applying for in the subject line of the email. PDF versions of your documents are preferred.



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### PHYSICAL REQUIREMENTS CHECK-OFF FORM

Check off only the physical abilities that are directly related to the essential functions of the job.

| PHYSICAL ACTIVITY<br>REQUIRED | AMOUNT OF TIME |                |                                    |                                      |                                 |
|-------------------------------|----------------|----------------|------------------------------------|--------------------------------------|---------------------------------|
|                               | NEVER          | ON<br>OCCASION | LESS THAN<br>1/3<br>(OCCASIONALLY) | BETWEEN<br>1/3 - 2/3<br>(FREQUENTLY) | MORE THAN<br>2/3<br>(REGULARLY) |
| Standing                      |                |                |                                    |                                      | X                               |
| Walking                       |                |                |                                    |                                      | X                               |
| Sitting                       |                | X              |                                    |                                      |                                 |
| Manual dexterity              |                |                |                                    |                                      | X                               |
| Repetitive finger motion      |                |                |                                    |                                      | X                               |
| Lifting or exerting force     |                |                |                                    |                                      | X                               |
| Up to 10 pounds               |                |                |                                    |                                      | X                               |
| Up to 25 pounds               |                |                |                                    | X                                    |                                 |
| Up to 50 pounds               |                | X              |                                    |                                      |                                 |
| Up to 100 pounds              | X              |                |                                    |                                      |                                 |
| Over 100 Pounds               | X              |                |                                    |                                      |                                 |
| Reaching or stretching        |                |                | X                                  |                                      |                                 |
| Climbing or balancing         |                |                |                                    | X                                    |                                 |
| Crouching or stooping         |                |                |                                    |                                      | X                               |
| Creeping or crawling          |                |                |                                    | X                                    |                                 |
| Speaking                      |                |                |                                    |                                      | X                               |
| Hearing                       |                |                |                                    |                                      | X                               |
| Tasting                       | X              |                |                                    |                                      |                                 |
| Smelling                      |                | X              |                                    |                                      |                                 |
| Seeing (with correction)      |                |                |                                    |                                      | X                               |
| Close vision                  |                |                |                                    |                                      | X                               |
| Distance vision               |                |                |                                    |                                      | X                               |
| Color discrimination          |                |                |                                    | X                                    |                                 |
| Peripheral vision             |                |                |                                    | X                                    |                                 |
| Depth perception              |                |                |                                    |                                      | X                               |
| Focusing ability              |                |                |                                    |                                      | X                               |



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## WORK ENVIRONMENT CHECK-OFF FORM

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| WORK ENVIRONMENT<br>ENCOUNTERED          | AMOUNT OF TIME |                |                                    |                                      |                                 |
|------------------------------------------|----------------|----------------|------------------------------------|--------------------------------------|---------------------------------|
|                                          | NEVER          | ON<br>OCCASION | LESS THAN<br>1/3<br>(OCCASIONALLY) | BETWEEN<br>1/3 - 2/3<br>(FREQUENTLY) | MORE THAN<br>2/3<br>(REGULARLY) |
| Outdoor weather conditions               |                |                | X                                  |                                      |                                 |
| Wet or humid conditions<br>(non-weather) |                |                | X                                  |                                      |                                 |
| Extreme cold<br>(non-weather)            |                | X              |                                    |                                      |                                 |
| Extreme heat<br>(non-weather)            | X              |                |                                    |                                      |                                 |
| Fumes or air-borne particles             |                |                |                                    | X                                    |                                 |
| Toxic or caustic chemicals               | X              |                |                                    |                                      |                                 |
| Bloodborne pathogens                     | X              |                |                                    |                                      |                                 |
| Risk of fire or explosion                | X              |                |                                    |                                      |                                 |
| Risk of electric shock                   | X              |                |                                    |                                      |                                 |
| Prolonged exposure to vibration          | X              |                |                                    |                                      |                                 |
| Loud noise level                         |                |                |                                    | X                                    |                                 |