

EMPLOYMENT APPLICATION FOR



THE HAUNTING EXPERIENCE 2019

NAME _____ **TODAY'S DATE** _____

Have you worked here before? yes ___ no ___

How many seasons _____ What position/character? _____

PHONE # (the # we can contact you the easiest) _____

EMAIL _____

ADDRESS street _____
city _____ state _____ zip _____

DATE OF BIRTH _____ MONTH/DAY/YEAR (ex. 08/21/89)

SCHOOL HIGH SCHOOL _____ what year are you in? _____

COLLEGE _____

WORK EXPERIENCE

COMPANY NAME START DATE END DATE REASON FOR LEAVING

1. _____

2. _____

3. _____

REFERENCES (other than relatives)

NAME PHONE # OCCUPATION # OF YEARS KNOWN

1. _____

2. _____

Have you ever acted in front of an audience? _____

Are you available every night? _____, if no, please specify.

What unique talents do you have for this position? _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD KEEP YOU FROM PERFORMING ANY TYPE OF WORK?

NO _____ YES _____ If YES, please explain _____