

EMPLOYMENT APPLICATION FOR



THE HAUNTING EXPERIENCE 2021
MAKEUP ARTIST

NAME _____ **TODAY'S DATE** _____

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. _____			

Do you have special training? _____
Are you available every night? _____, if no, please specify.
What unique talents do you have for this position? _____

_____ Date: ___/___/2021