

Evil Visions Contract Labor Employment Application

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation or the presence of non-job-related medical conditions or handicap.

Personal Information:

Date: _____ Position: _____ Available Start Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Please include Area Code!!

Email Address: _____

Have you ever been convicted of or charged with a felony or misdemeanor? Yes _____ No _____ If yes, please explain details in full, including dates of offense(s) charged, jurisdiction and disposition of case:

Education:

Schools/Colleges Attended	City/State	#Years	Year Grad	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment/Work Experience: Start with your present or most recent position. Include military service assignments and volunteer activities.

1.) Employer _____ Phone: _____ Ext. _____

Address: _____

Job Title: _____ Pay Rate: _____ Supervisor: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for leaving: _____

Dates of Employment (Month/Year) From: _____ To: _____

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2.) Employer _____ Phone: _____ Ext. _____

Address: _____

Job Title: _____ Pay Rate: _____ Supervisor: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for leaving: _____

Dates of Employment (Month/Year) From: _____ To: _____

3.) Employer _____ Phone: _____ Ext. _____

Address: _____

Job Title: _____ Pay Rate: _____ Supervisor: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for leaving: _____

Dates of Employment (Month/Year) From: _____ To: _____

Do you have any objection to us contacting your past employer for references? _____

Special Skills: Describe any special skills or qualifications that you feel would be an asset to the Evil Visions Haunted Attraction contract position: (Make-up artist, Scenic Design and/or Construction, Actor, Artist, Theatrical and/or Film Stage Hand, Stage Management, etc.)

Related Experience: Please list any previous Haunted Attractions (name and location) you have worked with:

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Please list any other health concerns we should know about or that may inhibit your ability to perform in a haunted attraction role:

Example: hypoglycemia, bad knees, asthma

Are you a U.S. Citizen and eligible to work in the United States? () Yes () No

Are you at least 18 years old? () Yes () No

Are you able to wear a mask? () Yes () No

Are you allergic to grease paint? () Yes () No

Are you claustrophobic? () Yes () No

Are you asthmatic? () Yes () No

Are you epileptic? () Yes () No

Are you able to wear contact lenses? () Yes () No

Are you able to wear dental prosthetic teeth? () Yes () No

Do you have reliable transportation? () Yes () No

Do You Consider Yourself a: Please check all that apply.

1. Self-Starter _____ Person who takes initiative, likes to keep busy, works well without supervision, willing to help others, quick to learn, can follow through on tasks from start to finish.

Explain:

2. Leader _____ Person who will take control of situations and not let much upset them; Can be flexible when required, takes responsibility for action, takes initiative and helps others when needed; a natural teacher.

Explain:

3. Follower _____ Does what is asked of them, likes feedback as to how they are doing, only needs to be told once and will get the job done, reliable, prefers to work in groups or as a part of a team/partnership.

Explain:

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Please tell us 3 things that you'd like us to know about you (your personality, skills, goals, interests) that you feel wouldn't necessarily come across with this application.

1.) _____

2.) _____

3.) _____

Personal References: Please provide names, addresses, phone numbers, relationship, and long known for 3 personal references.

1.) Name: _____ Phone: _____

Relationship: _____ How Long: _____

Address: _____

2.) Name: _____ Phone: _____

Relationship: _____ How Long: _____

Address: _____

3.) Name: _____ Phone: _____

Relationship: _____ How Long: _____

Address: _____

_____ I
CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Spookshow Productions LLC to investigate any statement contained in this application. I understand that this application is not and is not intended to be any kind of offer of employment, agreement or contract. In the event of offer of contract labor employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand that, if hired, I am required to abide by all rules, regulations and policies of Spookshow Productions LLC. I further understand that by signing this application, I am giving the management of Spookshow Productions LLC authorization to conduct a complete background check on me

Signed: _____ **Date:** _____

For Nightmare Productions Use Only:

Arrange Interview _____ *Yes* _____ *No* *Date/Time:* _____ *Place:* _____

Remarks:

Approved: _____ *Yes* _____ *No* *Date:* _____ *By:* _____