

**THE SCAREHOUSE<sup>SM</sup>**  
**2011 APPLICATION FOR EMPLOYMENT**



Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address (*your W-2 will be mailed here in January*) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Is this a cell, home, or work phone number? (*circle one*)

Secondary Phone No: \_\_\_\_\_ Is this a cell, home, or work phone number? (*circle one*)

Email Address: \_\_\_\_\_

Have you worked at The ScareHouse before?  Yes  No

If so, in what role/when? \_\_\_\_\_

**Position Desired (Check all that apply):**

Box office  Actor  Management  Security  Make-Up Artist  Special Effects

**Experience:**

What previous experience have you had that applies to a haunted attraction?

Do you have any special skills that could be useful in a haunted attraction (*juggling, stilt walking, improv, unique physical attributes, multi-lingual, etc.*)?

How much experience, if any, do you have with theatrical or haunted house make up? (*This includes the use of latex, spirit gum, blood, cream base, and black light make up.*)

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**Previous Employers:** 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: \_\_\_\_\_

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: \_\_\_\_\_

**If you are going to school for special effects/make-up, etc. what school are you attending, and what types of classes are you taking?**

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**Education:**

High School (Y/N): \_\_\_\_\_ No. of Years Attended : \_\_\_\_\_ Diploma/Degree (Y/N) \_\_\_\_\_  
College (Y/N): \_\_\_\_\_ No. of Years Attended: \_\_\_\_\_ Diploma/Degree (Y/N) \_\_\_\_\_  
Graduate/Professional (Y/N): \_\_\_\_\_ No. of Years Attended: \_\_\_\_\_ Diploma/Degree (Y/N) \_\_\_\_\_  
Other: \_\_\_\_\_ No. of Years Attended : \_\_\_\_\_ Diploma/Degree (Y/N) \_\_\_\_\_

**Emergency Medical Information:**

**Do you have or are you subject to: (please check all that apply and explain)**

Asthma Seizures Heart trouble Diabetes Fainting Spells Bleeding disorders Other None

Explain: \_\_\_\_\_

Allergy to medicine, food, make-up, material? Explain: \_\_\_\_\_

Any condition that may require special care, medicine, or diet? Explain: \_\_\_\_\_

Under medical care/taking medication? Explain (if relevant): \_\_\_\_\_

**In an emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Is this a work, cell or home phone number? (*circle one*)

Secondary Contact Number: \_\_\_\_\_ Is this a work, cell or home phone number? (*circle one*)

Address: \_\_\_\_\_

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

1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

**How did you hear about this audition?**

Radio       Internet       TV       Referral from friend       Other: \_\_\_\_\_

**Do you have any other hobbies or special interests that you would like us to know about? If so, please list.**

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize The ScareHouse and Undead Productions, Inc. to investigate any statement contained in this application. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of The ScareHouse.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Please Place an 'X' in the days you **\*ARE NOT\*** available to work.

Please Place an 'X' here if you are available **ALL** days \_\_\_\_\_

It is important to be honest with your availability as we need to know who to schedule each night.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 September	2	3
4	5	6	7	8	9 Mandatory Orientation Delirium and Forsaken 6-10pm	10 Mandatory Orientation Pittsburgh Zombies 6-10pm
11	12	13	14	15	16	17 Mandatory Dress Rehearsal All Haunts 6-10pm
18	19	20	21	22	23 Call Time: 5:30-6:00 Exit Time: 12:30-1:00	24 Call Time: 5:30-6:00 Exit Time: 12:30-1:00
25	26	27	28	29	30 Call Time: 5:30-6:00 Exit Time: 12:30-1:00	1 October Call Time: 5:30-6:00 Exit Time: 12:30-1:00
2 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	3	4	5	6 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	7 Call Time: 5:30-6:00 Exit Time: 12:30-1:00	8 Call Time: 5:30-6:00 Exit Time: 12:30-1:00
9 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	10	11	12	13 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	14 Call Time: 5:30-6:00 Exit Time: 12:30-1:00	15 Call Time: 5:30-6:00 Exit Time: 12:30-1:00
16 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	17	18	19 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	20 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	21 Call Time: 5:30-6:00 Exit Time: 12:30-1:00	22 Call Time: 5:30-6:00 Exit Time: 12:30-1:00
23 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	24	25 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	26 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	27 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	28 Call Time: 5:30-6:00 Exit Time: 12:30-1:00	29 Call Time: 5:30-6:00 Exit Time: 12:30-1:00
30 Call Time: 5:30-6:00 Exit Time: 10:30-11:00	31	1 November	2	3	4 Call Time: 5:30-6:00 Exit Time: 12:30-1:00	5 Call Time: 5:30-6:00 Exit Time: 12:30-1:00

# Background Check

This section must be completed fully. PLEASE PRINT CLEARLY

Undead Productions, Inc. (dba The ScareHouse) will perform a criminal background check for all employment applicants. Your application to work at The ScareHouse is an acknowledgement that you consent to this process. Thank you for your cooperation.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Address

\_\_\_\_\_

Prior addresses (List all from last seven years)

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Other names used/maiden names (list all dates of change)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? (Circle one) Yes or No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I voluntarily consent to and authorize Undead Productions, Inc., herein referred to as Company, and/or their assigned agents, associates, or consumer reporting agencies to request and may receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, Civil Records, Motor Vehicle/Driving Records, Credential Verification, Employment Verifications, Past Employment Verifications, Education Verifications, Reference Checks, and Military Service Verifications.

I authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer to furnish Company and or their assigned agents, associates or consumer reporting agencies with any and all information concerning me. I further agree to release Company and or their assigned agents, associates, or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability, and responsibility arising out of the release of such information in connection with this research. I agree that a fax or photocopy of this Authorization with my signature will be accepted with the same authority as the original.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

*Note: No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.*

The above is understood and agreed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**For ScareHouse Use Only:**

Arrange Interview \_\_\_\_\_ Yes \_\_\_\_\_ No Date/Time: \_\_\_\_\_

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_