

THE SCAREHOUSESM
2010 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) _____

For costumes to fit, please be as honest as possible with your measurements/sizes. *(If listing any of these measurements makes you feel uncomfortable, you may leave it blank)*

Height : _____ Weight _____ Pant size: _____ Shoe size: _____ T-Shirt Size: _____ (S, M, L, XL, XXL)

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.

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
					SEPTEMBER 3	4
5	6	7	8	9	10 6:00 pm - 10 pm Mandatory Dress Rehearsal for Delirium and Rampage	11 6:00 pm – 10 pm Mandatory Dress Rehearsal for The Forsaken
12	13	14	15	16	17	18 6:00 pm – 10 pm Mandatory Dress Rehearsal for all haunts
19	20	21	22	23	24 Open 7-10	25 Open 7-10
26	27	28	29	30	OCTOBER 1 Open 7-12	2 Open 7-12
3 Open 7-10	4	5 Open 5-10 (fundraiser night)	6	7 Open 7-10	8 Open 7-12	9 Open 7-12
10 Open 7-10	11	12	13	14 Open 7-10	15 Open 7-12	16 Open 7-12
17 Open 7-10	18	19	20 Open 7-10	21 Open 7-10	22 Open 7-12	23 Open 7-12
24 Open 7-10	25	26 Open 7-10	27 Open 7-10	28 Open 7-10	29 Open 7-12	30 Open 7-12
31 Open 7-10	1	2	3	4	5	6

Background Check

This section must be completed fully.

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: _____

Prior addresses (List all from last seven years)

Former, prior, and 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.

The above is understood and agreed by:

Signature

Printed Name

Date

For ScareHouse Use Only:

Arrange Interview _____ Yes _____ No Date/Time: _____

Remarks : _____
