

**THE SCAREHOUSE<sup>SM</sup>**  
**2009 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: \_\_\_\_\_ 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: \_\_\_\_\_

Have you ever been convicted or charged with a felony or misdemeanor: Yes \_\_\_ No \_\_\_

If yes, please explain details in full, including dates, detail of offense(s) charged, jurisdiction and disposition of case:

\_\_\_\_\_  
\_\_\_\_\_

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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
30-Aug	31	1-Sep	2	3	4	6:00 p.m. Mandatory Dress Rehearsal 5
6	7	8	9	10	11	12
13	14	15	16	17	7:00 – 10:00 18	7:00 – 10:00 19
20	21	22	23	24	7:00 – 12:00 25	7:00 – 12:00 26
27	28	29	30	7:00 – 10:00 1-Oct 1	7:00 – 12:00 2	7:00 – 12:00 Ghost Hunters Night 3
7:00 – 10:00 4	5	6	7	7:00 – 10:00 8	7:00 – 12:00 9	7:00 – 12:00 10
7:00 – 10:00 11	12	13	7:00 – 10:00 14	7:00 – 10:00 15	7:00 – 12:00 16	7:00 – 12:00 17
7:00 – 10:00 18	19	20	7:00 – 10:00 21	7:00 – 10:00 22	7:00 – 12:00 23	7:00 – 12:00 24
7:00 – 10:00 25	26	7:00 – 10:00 27	7:00 – 10:00 28	7:00 – 10:00 29	7:00 – 12:00 30	7:00 – 12:00 31

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**For ScareHouse Use Only:**

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

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

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