

**Woods of Terror
Employment Application 2009**

First Name _____ Last Name _____

Male____/Female____ Age____ Birth Date_____

Address_____

City_____ State_____

Zip Code_____

Phone Number (____)_____

Cell Number (____)_____

Email Address_____@_____

Other Information

Are you able to wear a mask? Yes No

Are you allergic to latex or make up? Yes No

Are you afraid of the dark or closed in spaces? Yes No

Do you have transportation to and from the event? Yes No

(We are working on a car pool program)

Do you have any medical conditions we should know about? (Asthma, bleeding disorder, diabetes, dizziness, headaches, heart trouble, epileptic (seizures), high blood pressure, under medical care, taking medication) Please list any health concerns

Education

High School_____ City_____ # of Years____ Did you graduate____

College/Other_____ City_____ # of Years____ Major _____

Employment History: Please list your 2 most recent jobs

Company_____ City, State_____ Phone _____

Dates worked_____ Position held/duties _____

Supervisor_____ Reason for leaving_____

Company_____ City, State_____ Phone _____

Dates worked_____ Position held/duties _____

Supervisor_____ Reason for leaving_____

Character Reference: List three people not related to you, whom you have known for at least one year. You need not have worked for them.

1. Name _____ Phone _____ Years
 aquatinted _____
 How do you know them _____?

2. Name _____ Phone _____ Years
 aquatinted _____
 How do you know them _____?

3. Name _____ Phone _____ Years
 aquatinted _____
 How do you know them _____?

How did you hear about us?

___ Craig's List ___ Greensboro News & Record ___ My space ___ Website ___ Friend ___ Other,
 please explain _____

2009 Production Calendar Employee Commitment

Employee must be available from 6pm-10pm on Sundays and weeknights AND 6pm-12midnight on the Fridays and Saturdays promised below at the Woods of Terror, Greensboro, NC.

Employee must also attend 5 non-paid training sessions. For each training session completed you will receive a free pass. Woods of Terror will furnish required costumes and make-up. Mark the dates you are available to work. Please keep in mind home coming and Halloween night. There will be a penalty for missing Halloween night. Also, if you do miss and go to home coming you have to wear a Woods of Terror t-shirt.

Actor Training Dates

8/22 ___ 8/29 ___ 9/5 ___
 9/12 ___ 9/19 ___

Days of operation

9/25 Fri ___	9/26 Sat ___
10/2 Fri ___	10/3 Sat ___
10/9 Fri ___	10/10 Sat ___
10/15 Thurs ___	10/16 Fri ___
10/17 Sat ___	10/18 Sun ___
10/22 Thurs ___	10/23 Fri ___
10/24 Sat ___	10/25 Sun ___
10/28 Wed ___	10/29 Thurs ___
10/30 Fri ___	10/31 Sat ___
11/1 Sun ___	11/6 Fri ___
11/7 Sat ___	

Please list any haunting/acting experience:

Do you have any particular role or level of acting you're interested in? What would you like to do at Woods of Terror Haunted Attractions?

There will be some home work involved with this job. You will be watching movies and answering questions. These movies will be related to how Eddie wants his haunt ran and would like for you to pick up on the action skills. Please list any concerns or comments

In case of emergency contact

Name _____ Relationship _____

Address _____

Home phone _____ Cell phone _____

I declare that the information given above is true and complete. I understand that willfully giving false information can be cause for dismissal. Woods of Terror will only use this information to consider the applicant for employment with Woods of Terror, Inc and not for any other reason. I agree to abide by the rules and regulations as put forth by management and listed in the employee handbook.

Applicant Signature

Date

If you live with your parent(s), guardian or any one else we will need their signature no matter how old you are. If you have to take this home to be signed we will need phone # so that we can call and confirm that they are aware of your employment. If we find out that you signed this then you will be fired on the spot.

Applicant Signature

Date

Parents, Guardian or Other Signature

Phone #

Date

Thank you!