

**PLEASE WRITE CLEARLY!!!!!!**

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

FIRST Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Drivers License/ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Issue State: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Are you 18 years of age? YES / NO If NO, How old are you TODAY? \_\_\_\_\_

Are you a citizen of the United States? YES/NO If no, are you authorized to work in the U.S.? YES/NO

Do you have TWO physical government issued forms of identification? YES/NO

Have you ever been convicted of a felony? YES/NO If YES, please explain: \_\_\_\_\_

**WORK TRANSPORTATION & AVAILABILITY**

Do you own your own vehicle? YES / NO If NO, how do you plan to get to work? \_\_\_\_\_

Part of the employment at Haunted Field of Screams, is that employees are available DURING ALL OF THESE LISTED TIMES & DAYS.  
**CAN YOU BE AVAILABLE FOR ALL OF THESE NIGHTS & TIMES LISTED BELOW?**

**NIGHT TIME HOURS**

Thursday:-----6:00pm - 11:30pm	YES/NO
Friday:-----6:00pm - 2:00am	YES/NO
Saturday:-----6:00pm - 2:00am	YES/NO
Sunday:-----6:00pm - 11:30pm	YES/NO

Once on the working shift, we cannot release you early. Will you be able to work the entire shift? YES/NO

Do you feel that you can be committed to the work schedule? YES/NO If no, Why? \_\_\_\_\_

**INTERVIEW QUESTIONS & PAST/CURRENT WORK HISTORY/SCHOOL**

Will you be able to work OUTSIDE for **several hours** in all types of weather including **COLD/RAINY/WINDY/SNOWY** weather? YES/NO

Have you ever worked for a haunted attraction? YES/NO If yes, which one & what did you do? \_\_\_\_\_

Are you willing to be dressed up & or wear make-up? YES/NO

Have you worked for the CCFM/*Haunted Field of Screams* before? YES/NO If yes, what years? \_\_\_\_\_

List all anyone you know that is currently employed or *has been employed* at the CCFM or Haunted Field Screams? \_\_\_\_\_

Drug & alcohol screening may be requested, will you be able to cooperate? YES/NO Do you Smoke? YES/NO

Explain any work experience's (including working for a haunted attraction) that you feel would apply to this position? \_\_\_\_\_

Are you currently working another job? YES/NO If YES, where are you currently employed at? \_\_\_\_\_

If YES, what days/times will this employment be in conflict with the Haunted Field of Screams schedule? \_\_\_\_\_

Are you in School? YES/NO If YES, what School do you attend? \_\_\_\_\_

What Sports, or after school/work activities do participate in? \_\_\_\_\_

If ANY, what days/times will these be in conflict with the employment schedule? \_\_\_\_\_

**LAST PLACE OF EMPLOYMENT:**

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Duties/Work Performed: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES/NO Reason for Leaving: \_\_\_\_\_

References for employment: Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In case of an **Emergency** please provide us with two contacts:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that any employment from CCFM LLC, DBA Haunted Field of Screams is a seasonal temporary position where dates will be from late September until October 31<sup>st</sup> 2009.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WHEN FINISHED** PLEASE Drop of at Temporary Office located at: Palombo MKT- 11500 Havana St Henderson CO 80640 (This is a Blue/White Building East side of HWY 85 and 112<sup>th</sup> Ave) or; FAX TO:303-362-5560 -EMAIL TO: [CCFM1@Comcast.net](mailto:CCFM1@Comcast.net)