**BASIC INFORMATION**

 **XXX – XX –**

**NAME LAST 4 DIGITS OF SOCIAL SECURITY #**

**STREET ADDRESS CITY STATE ZIP CODE**

**HOME PHONE CELL PHONE**

 **/ /**

**EMAIL BIRTH DATE**

|  |  |  |
| --- | --- | --- |
| **PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS.** | **YES** | **NO** |
| **HAVE YOU GRADUTED HIGHSCHOOL?** |  |  |
| **HAVE YOU PREVIOUSLY WORKED FOR CIRCLE OF SCREAMS?** |  |  |

|  |  |
| --- | --- |
| **PLEASE CHECK THE BOX NEXT TO THE POSITION DESIRE.** |  |
| **ACTOR** |  |
| **TICKET TAKER** |  |
| **OTHER:**  |  |

**PREVIOUS EMPLOYMENT**

**CONTACT NAME CONTACT PHONE NUMBER**

|  |
| --- |
| **PLEASE LIST ANY PREVIOUS EXPERIENCE YOU MAY HAVE IN THE HAUNT INDUSTRY.** |
|  |

**AVAILABILITY**

|  |  |
| --- | --- |
|  | **PLEASE MARK DOWN THE TIME YOU HAVE AVAILABLE TO WORK.** |
| **MONDAY** |  |
| **TUESDAY** |  |
| **WEDNESDAY** |  |
| **THURSDAY** |  |
| **FRIDAY** |  |
| **SATURDAY** |  |
| **SUNDAY** |  |

|  |
| --- |
| **PLEASE LIST ANY SCHEDULING CONFLICTS YOU MAY HAVE.** |
|  |

**EMERGENCY CONTACT INFORMATION**

**NAME RELATIONSHIP**

**STREET ADDRESS CITY STATE ZIP CODE**

**HOME PHONE CELL PHONE**

**Please fill out and send by email to** **dcastelli@circleofscreams.com** **or bring/send by mail to the Circle Drive-In Box Office. 1911 Scranton Carbondale Highway (Business Route 6), Dickson City, PA 18519 (Exit 191A off of I-81).**