



EMPLOYMENT APPLICATION

Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Age: _____ Birthdate: _____

Position Applying For: (circle one or more)

Haunt Actor

Makeup-Artist

Que Line Attendant

Parking/Grounds Attendant

Do you have your own transportation? Yes No

If no, what are your means of arriving on time? _____

While everyone strives to be the best actor/character they can be, do you understand that no one actor is more important than the show itself? Yes No

Can you stay in character for an entire evening regardless of how cold or tired you might be? Yes No

Do you understand that we DO NOT allow smoking in costume or on the property and therefore we DO NOT take smoke breaks? Yes No

Are you willing and able to wear a mask, gloves, prosthetics, make-up, hair dye, and a full costume for long periods of time? Yes No

Do you have any past experience in the Haunt Industry? Yes No

If yes, please explain:

Do you understand that payout for hours worked is at the *END* of the season? Yes No

The information on this application is true and accurate to the best of my knowledge. By signing this, I understand the terms and conditions associated with my employment.

Signature: _____ Date: _____

If under 18 years of age: As the parent, I understand the terms and conditions of this application and grant permission for _____ (applicant) to be employed at this attraction for the season.

Parent Signature: _____ Date: _____

Submit Application to: info@jmd-entertainment.com