



Employment Application

BASIC INFORMATION

NAME

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 GRADUATED 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.



Employment Application 2014

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).