



Employment Application

BASIC INFORMATION

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 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).