



# Field Of Screams

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Are you at least 18 years old YES NO

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO Are you allergic to any latex or Make-up? YES NO

Have you ever worked for Field of Screams? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

### Tell us what special skills you have: Special Skills

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### Disclaimer and Signature

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_