

Application for Employment

Pre-employment questionnaire for Chazing, production company for The Dark Woods Haunted Event: an equal opportunity employer.

Today's Date:

Personal Information				
Name (Last name first)			Email Address	
Present Address		City	State	Zip Code
Home Phone	Cell Phone		Referred By	

Employment Desired				
Position		Start Date	Salary Desired (required)	
Are you employed?	Yes	No	If so, may we inquire of your present employer?	Yes No
Ever applied to this company before?	Yes	No	Where?	When?

Education/Military History					
Name & Location of School		Years Attended	Did you graduate?	Subjects Studied	
High School					
College					
US Military or Naval Service		Rank:			

General Information
Briefly tell us about yourself. What hobbies/interests do you have? Do you participate in any theater programs or troupes?
Do you have any acting experience? If not, why do you want to join The Dark Woods cast?
Briefly describe how you will help the team?
What has been your best Halloween costume in the last five years?
Can you attend all nights The Dark Woods will be open this season? If not, how many can you attend?

Employment History (List four employers, starting with the last one first. Halloween Work is fine too)				
Date (Month & Year)	Name & Address of Employer	Salary	Position	Reason fo
Start:				

End:			
Start:			
End:			
Start:			
End:			

References

Name	Address	Business	Years F

Phone Number:

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Phone Number:

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the use of such information. I agree to allow Chazing to perform a background check using my social security number and identification contained herein.

I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time unless it is in writing and signed by an authorized company representative. This waiver does not permit the release of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State laws.

Disclosure for Consumer Report (Employment) - Background Check

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from FYI Screening Services ("FYI"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work history, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of the consumer report(s) we obtain. FYI may be contacted by mail at P. O. Box 29698, Columbus, OH, 43229, or by phone at (800) 809-2419.

Release for Consumer Report (Employment) - Background Check

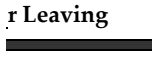
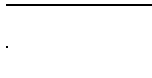
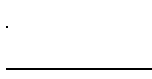
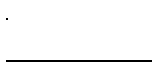
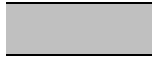
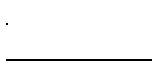
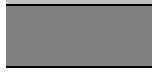
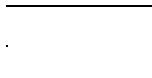
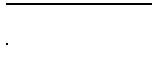
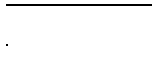
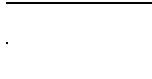
I AUTHORIZE, WITHOUT RESERVATION, FYI, AND ANY PARTY OR AGENCY CONTACTED BY FYI, TO FURNISH THE ABOVE-MENTIONED INFORMATION TO ANY ENTITY TO WHICH FYI IS AUTHORIZED TO DISCLOSE ALL INFORMATION OBTAINED TO THE REQUESTING ENTITY FOR THE PURPOSE OF MAKING A DETERMINATION AS TO MY ELIGIBILITY FOR EMPLOYMENT, PROMOTION, OR ANY OTHER LAWFUL PURPOSE. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have them answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired for employment, or my eligibility for promotion.

Printed Name	Signature	Social Security #	Date:
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For Interviewer Use

Date Interviewed:	Interviewer:	Beginning Date:	Ending Date (if applicabl
Work schedule available/preferred:	Position(s)/Duties Considered:	Extended leaves scheduled (vacations	



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