

LEGEND PARK EMPLOYMENT APPLICATION

Last Name	First Name	Middle	Date:
Address			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone	Cell Phone	E-Mail	Social Security Number
Position(s) Applied For (please check all that apply)			
<input type="checkbox"/> Actor <input type="checkbox"/> Juggler <input type="checkbox"/> Acrobat <input type="checkbox"/> Singer <input type="checkbox"/> Musician <input type="checkbox"/> Dancer <input type="checkbox"/> Magician <input type="checkbox"/> Mime <input type="checkbox"/> Clown <input type="checkbox"/> Wrestler <input type="checkbox"/> Martial Artist <input type="checkbox"/> Contortionist <input type="checkbox"/> Body Builder <input type="checkbox"/> Make Up Artist <input type="checkbox"/> Writer <input type="checkbox"/> Unique Physical Qualities <input type="checkbox"/> Seamstress/Tailor <input type="checkbox"/> Construction <input type="checkbox"/> Electrician List: _____ <input type="checkbox"/> Painter <input type="checkbox"/> Retail/Customer Service <input type="checkbox"/> Security/Crowd Control _____			

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any of your friends or relatives, other than spouse, work here? If yes, state name & relationship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by a Haunted Attraction? If yes, give name and date(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work: _____			

RELATED EXPERIENCE

PLEASE CLEARLY INDICATE YOUR EXPERIENCE AND SKILL LEVEL FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING IN THE SPACE BELOW.

Describe Your Experience

Explain Why You Want To Be A Part Of Fear Itself At Legend Park

APPLICANT'S AVAILABILITY

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:						
To:						

How Many Hours Per Week Are You Willing To Work? _____

APPLICANT'S STATEMENT

I certify that the answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Executive of this Organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

_____ Signature of Applicant	_____ Date
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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.