CC PRODUCTIONS APPLICATION FORM

PLEASE COMPLETE ENTIRE FORM DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ – _____ – _____

Telephone (___)_____

If under 18, please list age _____

Birth date ____/_____/_____

Position applied for _____

Days/hours available to work for September and October

No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Have you ever worn theater makeup YES __ NO__ Do you have problems working in the dark YES__NO__

Do you have allergies with latex or makeup YES__NO__ are you willing do work in position not applied for YES __NO__

Do you have problems with loud sounds or music YES__NO__

_____

TYPE OF SCHOOL	NAME OF SCHOOL	STATE AND CITY OF SCHOOL	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Are you employed at this time YES__NO__ if so ,where _____ Phone #_____

Will your employer have a problem with you having this job? YES__NO__ (WE WILL TALK YOU BEFORE EMPLOYER)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

_____

IF YOU HAVE REFERENCES THAT YOU FEEL WOULD HELP CORPSE CLAN PRODUCTIONS HIRE YOU PLEASE ADD TO APPLICATION . NAME ,PHONE AND RELATION TO YOU.

(INFORMATION ON THIS FORM IS FOR CORPSE CLAN PRODUCTIONS AND ONLY FOR CORPSE CLAN PRODUCTIONS USE) WILL BE DESTROYED IF NOT USED

SIGNITURE_____ DATE_____/_____/_____