

Employment Application - Email completed form to BarrettsHauntedMansion@gmail.com

Applicant Information				
Full Name:				Date:
T dii T dii 10	Last	First	M.I.	
Address:				
Addiess.	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email		
Sex: Male				
Sex. Iviali				
Do you have	YES NO a license?	Do you have a car?	YES NO	
Position Applied for (Parking, Acting, Security):				
Nights Available to work (Schedules are from 5pm-12am):				
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday				
YES NO				
Have you ev	er worked for this company?	☐ ☐ If yes, w	hen?	
Have you ev	er been convicted of a crime?	YES NO		
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If yes, explain:				
Special Skills				
Describe any special skills or qualifications for this work.				
Other Skills				
Other Okins				
 				
Related Experience				
Please provide any other Haunted Attraction experience along with the name and location of the Haunt				

ONCE COMPLETE, PLEASE EMAIL THIS TO <u>BARRETTSHAUNTEDMANSION@GMAIL.COM</u>