

TRAIL OF TERROR

FR1 - SUN / OCTOBER 12 - OCTOBER 28
 SUNDAYS / 7 PM - 11 PM
 FRIDAYS & SATURDAYS / 7 PM - 12:30 AM

POSITION APPLYING FOR:		ATTENTION: TOT PERSONNEL 12364 CHESTNUT BLVD SHAKOPEE, MN 55379 EMAIL: swhipps@trailofterrormn.com FAX: (952) 445-3120		OFFICE USE ONLY:	
<input type="checkbox"/> MAZE				<input type="checkbox"/> PLACED	
<input type="checkbox"/> WOODS WALK				<input type="checkbox"/> I-9 COMPLETE	
<input type="checkbox"/> TRAILERS				<input type="checkbox"/> W-4 COMPLETE	
<input type="checkbox"/> TICKETS				<input type="checkbox"/> BIRTH CERT / SSC	
<input type="checkbox"/> FEAST				<input type="checkbox"/> DL / PP	
<input type="checkbox"/> STREET				<input type="checkbox"/> RH F Q NS DNRH	
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> OTHER			
APPLICANT INFORMATION					
Last Name:		First:		M.I.	
Address:				Apartment/Unit #	
City		State:		ZIP	
Phone		Email:			
Birthdate		SSN #			
Are you under 16?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
		Are you under 18?		YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
EMERGENCY CONTACT INFO					
Name		Relationship			
Phone		2 nd Phone			
WORK EXPERIENCE					
Company			Supervisor		
Position			Phone #		
Company			Supervisor		
Position			Phone #		
Have you handled money before? YES <input type="checkbox"/> NO <input type="checkbox"/>					
TRAIL OF TERROR EXPERIENCE					
Have you previously worked for the Trail of Terror?					
YES <input type="checkbox"/>		NO <input type="checkbox"/>		Years: _____	
Previous pay rate?			Previous Position:		
POSITION APPLYING FOR:					

AVAILABILITY				
CIRCLE THE DATES BELOW THAT YOU CANNOT WORK.				
The 2018 Trail of Terror operates from 7pm to close on the dates listed to the right. Please consider these dates carefully and mark your availability to the right.		WEEK 1	WEEK 2	WEEK 3
	FRIDAY	Oct. 12	Oct. 19	Oct. 26
	SATURDAY	Oct. 13	Oct. 20	Oct. 27
	SUNDAY	Oct. 14	Oct. 21	Oct. 28
<input type="checkbox"/> I CAN WORK ALL 9 DAYS OF THE TRAIL OF TERROR!				

Please state any hourly restrictions:

Do you have any special skills that would make you an asset to the Trail of Terror?

The Trail of Terror is an outdoor themed event consisting of theatrical scenes and special effects, which you will be exposed to. Please check all of the following that apply to you:

ALLERGIES:	PHOBIAS:	AFFECTED BY:
<input type="checkbox"/> HAY	<input type="checkbox"/> DARK	<input type="checkbox"/> LASER LIGHTS
<input type="checkbox"/> DUST	<input type="checkbox"/> SPIDERS	<input type="checkbox"/> STROBE LIGHTS
<input type="checkbox"/> LATEX	<input type="checkbox"/> CLOWNS	<input type="checkbox"/> HIGH VOLUME SOUNDS
<input type="checkbox"/> GRASS	<input type="checkbox"/> ENCLOSED SPACES	<input type="checkbox"/> VERTIGO
<input type="checkbox"/> BEE STINGS	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> MAKE UP		
<input type="checkbox"/> FAKE BLOOD		
<input type="checkbox"/> OTHER _____		

I certify that the facts contained in this application and enclosed resume are true and compete to the best of my knowledge and that, if employed, falsified statements shall be grounds for dismissal. I also authorize Festival (Castle Kitchens Corporation and/or Mid America Festivals Corp.) To check and verify all information on the application and I release reporting companies from any liability resulting from the verification process. I understand my employment with Festival would be on an at-will basis, and I may resign or be terminated at any time for any reason. I understand that neither this application nor any other personnel form constitutes an employment contract, and that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I hereby represent that I have never committed an act of violence causing injury or posing a serious risk or injury nor engaged in inappropriate conduct toward a minor or vulnerable adult and that no one who is at the event by my invitation or under my direction has ever engaged in any such conduct. I understand that my employment and/or affiliation with Festival is conditioned upon this representation. I understand that if Festival determines, in its sole judgment, that this representation is false, then this employment and/or affiliation may be terminated immediately, without notice to me, and with no further remuneration or contribution due me. (except payment for services already performed).

Signature	Date
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