

Zombies of the Corn Employment Application Three Rivers Paintball 282 Rochester Road Freedom, PA 15042 724.775.6232

PERSONAL INFORMATION		DATE	
Name (Last)	(First)	(Middle)	
Home Address	City	State	ZIP
Cell Phone	Email Address:		

What position are you applying for? Zombie Target or Zombie Actor or Counter or Maintenance? Please circle your first choice. Positions for all ages. From High School to Retirees

Please put an "X" in the box of any dates you are **NOT** available to work at Zombies of the Corn this season.

9/22	9/23	9/29	9/30	10/6	10/7	10/13	10/14	10/15	10/20	10/21	10/22	10/27	10/28	10/29

EDUCATION	NAME	Address	Area of Study? COMPLETED YES/NO
HIGH SCHOOL			
COLLEGE			
CURRENT JOB			
MILITARY SERVICE			

Have you ever been convicted of a Felony other than a traffic violation? If yes please explain:						
Have you ever worked/volunteered for a Halloween attraction? Please describe:						
Do you have a drivers license? Yes or No (please circle) Wha	t is your means of transportation to work?					
Please use this area to state anything else you would like us	to know about you.					
Please provide at least two references:						
Name: Ce	ell Phone:					
Name: Co	ell Phone:					
wante.	in Hone.					
In Case of Emergency:						
Name:	Cell Number:					
Signature:	Date:					
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