

Zombies of the Corn Employment Application
 Three Rivers Paintball
 282 Rochester Road
 Freedom, PA 15042
 724-775-6232

PERSONAL INFORMATION		DATE	
Legal Last Name	Legal First name	(Middle)	
Home Address Street	City	State	ZIP
Applicants Cell Phone:	Applicants Email Address:	Preferred Name	
Date of Birth			

What position are you applying for? Zombie Target or Zombie Actor? (Please circle your first choice.)

Please put an X in the box of any dates **you are not available to work** at Zombies of the Corn this season. You are required to work Halloween weekend. In addition to the hourly rate, you are awarded Airsoft/Paintball membership for free. If you decide not to work, you will forfeit any additional rewards including the Gold Membership and any additional monies.

9/26	9/27	10/3	10/4	10/10	10/11	10/12	10/17	10/18	10/19	10/24	10/25	10/26	10/31	11/1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION	NAME	City/State	What Grade are you In?
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 any friends that have worked at Zombies of the Corn? If yes Who?

Do you have a drivers license? Yes or No (please circle) What is your means of transportation to work?

Is there anything else you would like us to know about you?

Please provide at least two references:	
Name:	Cell Phone:
Name:	Cell Phone:

In Case of Emergency:

Name:	Cell Phone:
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Applicants Printed Name: _____ Applicants cell phone _____

Signature: _____ Date: _____

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