

TREE FARM MASSACRE

458 Tree Farm Rd
LEESVILLE, LA 71446
337-378-8726

www.treefarmmassacre.com

PERSONAL INFORMATION:

NAME (LAST, FIRST)

SOCIAL SECURITY #

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE

MOBILE

EMAIL

ARE YOU 18 YEARS OLD YES NO

WHAT IS YOU DATE OF BIRTH?

PLEASE LIST AN EMERGENCY CONTACT(S) NAME & NUMBER

EMPLOYMENT:

HAVE YOU WORKED FOR TREE FARM MASSACRE BEFORE? YES NO

HAVE YOU EVER WORKED FOR ANOTHER HAUNTED HOUSE? YES NO

IF SO PLEASE LIST NAME(S) CITY AND STATE _____

CAN YOU WORK EVERY DATE WE ARE OPEN? YES NO

HOURS OF OPERATION ARE FROM 6:00 PM UNTIL MIDNIGHT (some nights could be as late as 2:00 or 3:00am)

EMPLOYMENT HISTORY:

ARE YOU CURRENTLY EMPLOYED? YES NO

PLEASE LIST YOUR CURRENT EMPLOYER & PHONE NUMBER:

ADDITIONAL INFORMATION

ARE YOU ABLE TO WEAR A MASK? YES NO

ARE YOU CLAUSTROPHOBIC? YES NO

ARE YOU EPILEPTIC? YES NO

PLEASE LIST ANY OTHER MEDICAL/HEALTH CONCERNS WE SHOULD KNOW ABOUT (GLASSES, CONTACTS, BAD KNEES, ANY MEDICATIONS ETC.....)

DO YOU HAVE RELIABLE TRANSPORTATION? YES NO

To the best of my knowledge, the information that I have provided in the application is complete and true and I authorize the investigation of all statements that I have made in the application. I understand that this application is not a promise or contract of employment. I further understand that, if I am hired, I will be an employee-at-will and that the company may terminate my employment at any time for any reason. I agree that by signing the application, I am signing a release for any and all pictures taken of me at Tree Farm Massacre, whether they are advertising, publicity, or other purposes.

Date: _____ Signature: _____