

**POSITION APPLYING FOR:**

- Maze
- Hayride/ Walk
- Trailers
- Tickets
- Feast
- Other \_\_\_\_\_

# Trail Of Terror

Employment Application

1244 Canterbury Rd., Suite 306  
Shakopee, MN 55379  
Office 952-445-7361

**OFFICE USE ONLY:**

- Photo ID
- Costume Returned
- Final Check
- I-9 Complete
- BirthCert/DL
- W4 - 1099
- RH F Q NS DNRH

## 2009

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

**IMPORTANT INFORMATION:**

Are you under 16? YES NO Are you under 18? YES NO (if under 18, please provide proof of age)  
 Have you ever worked for the Trail of Terror? YES NO Year(s) \_\_\_\_\_  
 Previous pay rate? \_\_\_\_\_ Per day hour. Position: \_\_\_\_\_

**I CANNOT WORK ON THESE DATES:**

Please carefully consider these weeks and **CIRCLE** the dates you will be UNAVAILABLE.

	Week 1	Week 2	Week 3	Week 3
<b>Thursday</b>		Oct. 15	Oct. 22	Oct. 29
<b>Friday</b>	Oct. 9	Oct. 16	Oct. 23	Oct. 30
<b>Saturday</b>	Oct. 10	Oct. 17	Oct. 24	Oct. 31
<b>Sunday</b>	Oct. 11	Oct. 18	Oct. 25	

**Any Hourly Restrictions?** \_\_\_\_\_

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## How did you learn of this employment opportunity? (Check one)

- Newspaper Ad (Name of Paper) \_\_\_\_\_
- School Career Office (Name of School) \_\_\_\_\_
- Friend/Relative (Name) \_\_\_\_\_
- Job Fair (Please Specify) \_\_\_\_\_
- MRF Web site (Specify search engine) \_\_\_\_\_
- Other Web Site (Please Specify) \_\_\_\_\_
- Returnee (Specify last year worked) \_\_\_\_\_

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

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## WORK EXPERIENCE: (resumes are welcome, but not required)

COMPANY NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
LENGTH OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
LENGTH OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you handled money before?  YES  NO. If so how? \_\_\_\_\_

Do you have any physical, mental, or medical disabilities that would interfere with your ability to perform the position for which you have applied (i.e. bee stings, allergies to make-up, etc.)? \_\_\_\_\_

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*I certify that the facts contained in this application and enclosed resumes are true and compete to the best of my knowledge and that, if employed, falsified statements shall be grounds for dismissal. I also authorize Mid-America Festivals to check and verify all information on the application, and I release reporting companies from any liability resulting from the verification process. I understand that employment with Mid-America Festivals is an at-will basis, and that 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_