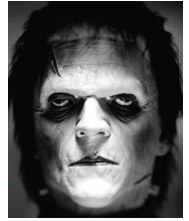


DarkSide Ventures HALLOWEEN EXPRESS



Application for Employment

(Please Print)

Date of Application _____

Name _____
(Last) (First) (M.I.)
 Address _____
(Number & Street)
 City _____ State _____ Zip _____ Telephone _____

Are you legally eligible to work in the United States? Yes No
 Are you 18 years of age or older? Yes No If not, list date of birth _____
 Have you ever applied for a position with Halloween Express before? Yes No If yes, when? _____
 Have you ever been convicted of a felony? Yes No If yes, reason _____

Work Availability (All work with Halloween Express is temporary and will end on or around November 1st.)

Are you currently employed? Yes No May we contact your employer? Yes No
 Do you have any objections to working overtime? Yes No Can you work overtime without prior notice? Yes No
 Are you available to work: Full Time Part Time Days Nights & Weekends
 On what date are you available for work? _____ What hours are you available to work? _____
 What position do you desire? _____ What hourly rate do you desire? _____

Employment Experience (Please list places of current and former employment, starting with most recent.)

Employer:	Address:		
Telephone:	Job Title:		
Supervisor:	Dates Employed: From	To	
Reason for Leaving:	Hourly Rate: Starting	Final	
Work Performed:			
Employer:	Address:		
Telephone:	Job Title:		
Supervisor:	Dates Employed: From	To	
Reason for Leaving:	Hourly Rate: Starting	Final	
Work Performed:			
Employer:	Address:		
Telephone:	Job Title:		
Supervisor:	Dates Employed: From	To	
Reason for Leaving:	Hourly Rate: Starting	Final	
Work Performed:			

Education

	Name and Location	Dates Attended	# of Years Completed	Course of Study
High School				
Undergraduate College				
Graduate Professional				
Trade, Business or Correspondence School				

Halloween Express is an equal opportunity employer.

DarkSide Ventures HALLOWEEN EXPRESS



References

(Name)	(Relationship)	(Phone)
(Name)	(Relationship)	(Phone)
(Name)	(Relationship)	(Phone)

Additional Information (List any additional experience or training that relates to the position to which you are applying for.)

I certify that the information that I have provided on this application is accurate and complete to the best of my knowledge. I authorize investigation of any information as may be necessary to arrive at an employment decision. This application for employment shall be considered active for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge otherwise defined by applicable law, and employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. I understand that false or misleading information on this application or during an interview may result in termination in the event of employment. I understand that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____

For Office Use Only

Interviewed by:	Date:	Job Position:
Hired:	Starting Pay:	Notes:

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