



# ZOMBIE ARMY PRODUCTIONS

Application for Independent Contractors

**ZOMBIE ARMY  
PRODUCTIONS**

\*Please Complete Legibly and Accurately

APPLICANT INFORMATION		PRODUCTION TITLE:	
Last Name		First Name	
M.I.		Date	
Street Address		Apt/Unit#	
City		State	Zip
Phone		E-mail Address	
<input type="radio"/> Male <input checked="" type="radio"/> Female		Cell Phone No.	
Social Security No.		Date of Birth	Age
Are you a citizen of the United States?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If no, are you authorized to work in the U.S.?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Have you ever worked for this company?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If so, when?	
Have you ever been convicted of a felony?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, explain	

Can you work in:

Mask?

Yes NO

Make Up

Yes No

Tight Spaces?

Yes No

Foggy Spaces?

Yes NO

Strobe Lights?

Yes NO

High Spaces?

Yes NO

Do you have any Medical Conditions that we should know about? (Asthma, Allergies, Seizures, Medications). Please list them below, if any. **ALL OF THIS INFORMATION IS VERY IMPORTANT & WILL BE KEPT STRICTLY CONFIDENTIAL.**

**PLEASE SELECT EACH POSITION YOU ARE INTERESTED IN FROM THE DROPBOXES BELOW. ALSO, EXPLAIN YOUR EXPERIENCE AND EDUCATION IN THE SPACE PROVIDED FOR EACH.**

If you need more space than provided please attatch additional information in an email attachment or write on the back of the sheet. Feel free to attach a resume.

Position	Education	Experience (max ( 00 characters)
Please specify performer type:		

**I understand, by state law, as an applicant I am subject to a background check.**

Initial Here:

**I understand, as a potential employee, that this is a drug-free environment and, by state law, I am subject to a random Drug-testing.**

Initial Here:

### PREVIOUS EMPLOYMENT

Company	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Supervisor	<input type="text"/>
Job Title	<input type="text"/>	Starting Salary \$	Ending Salary \$ <input type="text"/>
Responsibilities	<input type="text"/>		
From	<input type="text"/>	to	<input type="text"/>
Reason for Leaving		<input type="text"/>	
May we contact your previous supervisor for a reference?			
		Yes	No
Company	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Supervisor	<input type="text"/>
Job Title	<input type="text"/>	Starting Salary \$	Ending Salary \$ <input type="text"/>
Responsibilities	<input type="text"/>		
From	<input type="text"/>	to	<input type="text"/>
Reason for Leaving		<input type="text"/>	
May we contact your previous supervisor for a reference?			
		Yes	No

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Zombie Army Productions is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Zombie Army Productions to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Zombie Army Productions serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.

Please Note: \*\*\*I hereby grant my consent to Foundation Theater Group, Big Tree Productions, FearBox Inc., Zombie Army Productions and any of its Subsidiaries, to use and license the use of my name and likeness, whether in still or motion picture (DVD or Video or Photographs), my photograph and or reproduction, including my voice and features, with or without my name, for any editorial, promotional, reality TV show taping, trade, business, or any other purpose whatsoever.

**Signature**

**Date**