



2020 ~ Make-up Artist Application

Please include a copy of your resume if you have one.

Name: _____

Phone #: _____

E-mail Address: _____

Our season includes the following dates – Please be available to work all open days.

September, 2020 - 25th, 26th

October, 2020 - 2nd, 3rd, 9th, 10th, 11th, 16th, 17th, 18th, 23rd, 24th, 25th, 30th, 31st.

November, 2020 - 1st, 7th, 13th

1. Were you self-taught or did you attend a special FX make-up school? If you were self-taught, please describe how you acquired these skills.
2. Have you ever worked at a haunted attraction? If yes, where and what was your position.
3. How would you best describe your style of work?
4. Can you duplicate a make-up look from pictures or other references?
5. Please rank your level of proficiency on a scale of 1 – 5 (5 Being expert, 1 Being inexperienced)
Latex: _____ Gel 10: _____
Prosthetics: _____ Brushwork: _____
6. Please attach 4 – 6 images of examples of your work (Trauma, creature, aging, etc.)

Personal References:

- 1.) Name: _____
Phone: _____
Relationship: _____ How Long: _____
Address: _____

- 2.) Name: _____
Phone: _____
Relationship: _____ How Long: _____
Address: _____

- 3.) Name: _____
Phone: _____
Relationship: _____ How Long: _____
Address: _____

I CERTIFY that the above answers are true and complete to the best of my knowledge. I **authorize Mel's Funway Park (SpookyWorld presents Nightmare New England)** to investigate any statement contained in this application. I understand that this application is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of **Mel's Funway Park (SpookyWorld presents Nightmare New England)**.

Signature: _____ Date: _____

For Spookyworld presents Nightmare New England Senior Management use only:

Arrange Interview: Yes: ___ No: ___ Date/Time: _____ Place: _____

Remarks: _____

Approved: ___ Yes: ___ No: ___ Date: _____ By: _____