



## 2021 ~ Make-up Artist Application

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

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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: \_\_\_\_\_

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**For Spookyworld presents Nightmare New England Senior Management use only:**

Arrange Interview: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Place: \_\_\_\_\_

Remarks: \_\_\_\_\_

Approved: \_\_\_ Yes: \_\_\_ No: \_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_