

Employment Application

Please complete the entire application.

Employer Information

Employer Name: Double Take F/X

Address: _____

City/State/ZIP Code: TWENTYNINE PALMS, California 92277

Phone Number: 4086141857

It is the policy of Double Take F/X to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Applicant Information

Applicant Full Name: _____

Address: _____

City/State/ZIP Code: _____

Years at This Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Social Security Number: _____

Driver's License (State/Number): _____

Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship: _____

Address: _____

City/State/ZIP Code: _____

Home Phone Number: _____

Mobile Phone Number: _____

Job Position Applied For: Artist

Salary Desired: \$ _____ per _____

Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

Are you at least 18 years old? _____ Yes _____ No

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations: _____

If applicable, are you available to work overtime? _____ Yes _____ No

If you are offered employment, when would you be available to begin work?

If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____
Yes _____ No

Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
[<input type="checkbox"/>] Customer service	_____	1 2 3 4 5
[<input type="checkbox"/>] SFX Beginner	_____	1 2 3 4 5
[<input type="checkbox"/>] SFX Intermediate	_____	1 2 3 4 5
[<input type="checkbox"/>] SFX Advanced	_____	1 2 3 4 5
[<input type="checkbox"/>] Sculpting Beginner	_____	1 2 3 4 5
[<input type="checkbox"/>] Sculpting Intermediate	_____	1 2 3 4 5
[<input type="checkbox"/>] Sculpting Advanced	_____	1 2 3 4 5
[<input type="checkbox"/>] _____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP Code: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP Code: _____

Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP Code: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Applicant's Education and Training

College/University Name and Address:

Did you receive a degree? _____ Yes _____ No

If yes, degree(s) received: _____

High School/GED Name and Address:

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP Code: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP Code: _____
Phone Number: _____
Relationship: _____

Additional Information

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Double Take F/X to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Artist, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Double Take F/X, except in a specific written contract of employment signed on behalf of the organization by its Artist, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant's Signature

Date