

Bay Area  
**Renaissance Festival** at MOSI

**2018 BARF EMPLOYMENT APPLICATION - Equal Opportunity Employer**

PLEASE PRINT (any official mailings, i.e. pay checks, tax information, etc. will be mailed to the current address below)

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

Permanent Address  
(if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

- | Position Desired         |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Grounds Crew  |
| <input type="checkbox"/> | Marketing     |
| <input type="checkbox"/> | Stock Runners |
| <input type="checkbox"/> | Sales         |
| <input type="checkbox"/> | Bar Back      |
| <input type="checkbox"/> | Kitchen Staff |
| <input type="checkbox"/> | Wait Staff    |
| <input type="checkbox"/> | Area Manager  |
| <input type="checkbox"/> | Event Staff   |

**WORK EXPERIENCE** (Resumes are welcome, but not required) \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Job Duties: \_\_\_\_\_

**GENERAL INFORMATION** \_\_\_\_\_

Are you under the age of 16?  YES  NO Are you over the age of 18?  YES  NO

Have you ever worked at the Bay Area Renaissance Festival?  YES  NO If yes, what year? \_\_\_\_\_

Previous Pay Rate: \$ \_\_\_\_\_  HOURLY  DAILY Position (s) Held: \_\_\_\_\_

Booth Name: \_\_\_\_\_ Job Duties: \_\_\_\_\_

**I agree to work ALL 16 DAYS OF FESTIVAL EXCEPT:** \_\_\_\_\_

**Festival Days are: Feb. 10, 11, 17, 18, 24 & 25; March 3, 4, 10, 11, 17, 18, 23, 24 & 25**

Reason you can't work: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING PERSON(S)**

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

Current Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have any allergies or physical problems that may prevent you from doing your job?  Yes  No

If yes, please explain: \_\_\_\_\_

*I certify that the facts contained in this application are true and complete to the best of my knowledge and that, if employed, falsified statements shall be grounds for dismissal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY					
Position:		Hire Date:		Pay Rate:	
Copies of I.D.'s:					