



# CLARKSVILLE ZOMBIE HUNTERS, LLC

*"A Zombie Paintball Hayride Experience!"*

www.ClarksvilleZombieHunters.com    
[yow@clarksvillezombiehunters.com](mailto:yow@clarksvillezombiehunters.com)

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## APPLICATION FOR EMPLOYMENT

Please note: **Applicants must be 16 years of age, fill out application completely, and submit with a photograph of their self in order to be considered.** Submit by email to the following email address:  
[trey@clarksvillezombiehunters.com](mailto:trey@clarksvillezombiehunters.com).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position being applied for: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I can commit to working the following dates and hours during the six open weeks Sep 22 - Nov 3, 2018:

(Please Circle)      Friday Nights      5:00pm - 12:30am  
                                 Saturday Nights      5:00pm - 12:30am

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you possess a Driver's License and/or Reliable Transportation: \_\_\_\_\_

Have you ever been *charged* with a crime before: (if yes, explain) \_\_\_\_\_

List your 3 previous employers, including any existing employers, and when you were employed:

Dates Employed	Employer	Duties while employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your level of education: \_\_\_\_\_

Why do you want to work with Clarksville Zombie Hunters, LLC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you make a great asset to the Clarksville Zombie Hunters family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two references' names and phone numbers: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided above is true and correct. \_\_\_\_\_  
(Signature of Applicant)