





FunFlicks® Outdoor Movies Application

Full Name:		Social Security	Number:	
Date of Birth:	E-mail Address:			
Home Phone: Cell Phone:		Cell Ph	Cell Phone Carrier	
Present Home Address:_				
City:		State:	Zip:	
Permanent Address:				
City:		State:	Zip:	
Driver's License #:		Exp Date:	State:	
Make of Automobile you drive:		Model:	Year:	
Automobile Insurance Carrier:		E	Expiration Date:	
Current/Most Recent Employer:		Work Phone:		
What date can you start to	o work with FunFlicks?			
I don't have a hitch I am willing travel ι Are there specific nights du If yes, please indicate what	h a hitch and can work events currently installed, but I am vap to 200 miles in order to wo aring the week that you are NO evenings you are not available cation planned, if so, what are	willing to have one put or ork events (mileage is paid of available? Yes_le for work:	at FunFlick's expense d for out of town events) No	
	_		s or jeans & closed toe shoes)	
	f a moving traffic violation in			
Are you willing to undergo	a background check, in accor	rdance with local law and	regulations?	
an independent contractor r are required to sign a 1099	esponsible for reporting & pa	ying your own taxes. If I signing this application,	an employee, or you may be considered hired as an independent contractor, you you agree to FunFlicks performing a	
Briefly describe yourself	and how you feel this you	are perfect for this posi	tion: (use reverse side if necessary)	
Sion Here:		Date·		