## Game Master Application



Applicaton can be returned to: 4245 East La Palma Avenue Anahiem, CA 92807

Or emailed to: info@CrossRoadsEscapeGames.com

| onthathan Bata   | www.CrossRoadsEscapeGames.com<br>(714) 572-1004 | info@CrossRoadsEsca |
|------------------|---|---------------------|
| oplication Date: | (114) 312-1004                                  |                     |
| EDSONAL          |   |                     |

| PERSONAL  |  |               |               |               |                |                |                     |         |                 |  |  |
|---|--|---------------|---------------|---------------|----------------|----------------|---------------------|---------|-----------------|--|--|
| Name (First, Middle, Last)  |  |               |               |               |                |                |                     |         |                 |  |  |
| Addres  | s  |               |               | City          |                | State          | 2                   | Zip     |                 |  |  |
| Cell Pho  | one —  |               |               | Email address |                |                |                     |         |                 |  |  |
| Are you a U.S. Citizen? [ ] Yes [ ] No How did you hear about this position?  |  |               |               |               |                |                |                     |         |                 |  |  |
| If selected for employment are you willing to submit to a pre-employment drug screening test? [ ] Yes [ ] No  |  |               |               |               |                |                |                     |         |                 |  |  |
| EDUCATION   |  |               |               |               |                |                |                     |         |                 |  |  |
|   | School Name  |               |               | City/State    |                | Years Attend   | Years Attended      |         | Degree Received |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
| EMPL  | OYMENT   |               |               |               |                |                |                     |         |                 |  |  |
|   | er:  |               |               |               |                |                |                     |         |                 |  |  |
| Work Phone: Dates Employed:   |  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               |               |                | May we         | contact ti          | hem2 [] | Ves [ ] No      |  |  |
| Supervisors Name and Title: May we contact them? [] Yes[] No  Reason for leaving:   |  |               |               |               |                |                |                     |         |                 |  |  |
| Employ  | er:  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               | D             | ates Employed: |                |                     |         |                 |  |  |
|   |  |               |               |               |                |                |                     | Zip:    |                 |  |  |
|   | n:   |               |               |               | _              |                |                     |         |                 |  |  |
| Duties I  | Performed:   |               |               |               |                |                |                     |         |                 |  |  |
|   |  | e:            |               |               |                | May we         | contact ti          | hom2 [] | Yes [ ] No      |  |  |
|   | for leaving:   |               |               |               |                | May we         | Contact ti          | nem: [] | 103[] 110       |  |  |
|   | ESSIONAL REF   |               |               |               |                |                |                     |         |                 |  |  |
| Name  | LOGIONAL NEI   |               |               | Phone Number  | _              | Relationship   | Relationship to you |         | City/ State     |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
|   |  |               |               |               |                |                |                     |         |                 |  |  |
| LIST  | THE HOURS YO   | U ARE AVAILAB | LE TO WORK II | N THE SPACE   | S BELOW (d     | our shifts can | last unti           | l 1am)  |                 |  |  |
| Day   | Monday   | Tuesday       | Wednesday     | / Thu         | rsday          | Friday         | Satu                | rday    | Sunday          |  |  |
| From  |  |               |               |               |                |                |                     |         |                 |  |  |
| То  |  |               |               |               |                |                |                     |         |                 |  |  |
| ADDIT   | TONAL INFORM   | IATION        |               |               |                |                |                     |         |                 |  |  |
| On the back of this form, or on another paper, please tell us why you would like to work for Cross Roads Escape<br>Games and any experience you have that qualifies you for a Game Master position. |  |               |               |               |                |                |                     |         |                 |  |  |
|   | By signing below you certify that all answers given herein are true and completed to the best of your knowledge. |               |               |               |                |                |                     |         |                 |  |  |

Signature of Applicant

Date