Official Jo	b Title(s) Apply	ing For: (Check All	That Apply)		
CAST	CREW	INTERNS	OTHER		
IF CREW, W	/HAT DEPARTME	NT(S)?			
NAME:					
LAST:		FIRST:		MIDDLE INITIA	<u>L:</u>
CONTACT	INFORMATION	1:			
ADDRESS:			CITY:	STATE:	ZIP:
DAY PHONI	Ξ:	NIGHT PHONE:		MOBILE:	
		ng to work unpaid?		YES NO _	
1. (CA	ST) Are comforta	ble with roles involvi	ng nudity?	YES NO _	
3. (CR	EW) Are you will	ing to work as an ent	ry level voluntee	r? YES NO _	
4. Are	you interested i	n film investment op	oortunities?	YES NO _	
				PART TIMETEM	
6. Do	you have any exp	perience in the film ir	dustry (Crew or	Professional Acting)? ۱	/ESNO_
			, .	0,	
7. Em	ail address:		8	. Date available for wo	ork?
9. Wo	Would you be interested in taking Film Acting and/or Production classes? YES NO				
EDUCATION	J:				
Do you hav	e a high School D	iploma or GED Certif	icate? YES	NO	
HIGH SCHO	OL & LOCATION:	1		Graduation Dat	e:
	College	Dates: from-to	Major	Degree Earned	Date Ea

I certify that all of the information is true and complete to the best of my knowledge and belief. I understand that any misrepresentations or falsifications may result in removal from employment consideration or dismissal. I give Lyon Productions and any authorized agent permission to verify any job-related information given in connection to this application.

1

\_\_\_\_\_