

8295 S. La Cienega Blvd.  
Los Angeles, CA 90301  
310-957-5757 Ext. 214 or 218  
310-957-5771 Fax

(OFFICE USE ONLY)  
MOVE DANCE SING

## Availability Form

PLEASE PRINT CLEARLY

Today's Date: \_\_\_\_\_

Audition City / State: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Permanent Phone #: (Parents) \_\_\_\_\_

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

Passport?  Yes  No C1D Visa?  Yes  No Seaman's Book?  Yes  No

I would like to be considered for: (Please check one)

1<sup>st</sup> Lead Singer (Singer Who Moves Well)  2<sup>nd</sup> Lead Singer/Dancer (Singer Who Dances)  Dancer Only

I'm available to start work on:

(Month / Day / Year) \_\_\_\_\_  I AM NOT AVAILABLE right now

- I am on the mailing list  Please add me to the mailing list  
 I am on the e-mail list  Please add me to the e-mail list  
 I previously submitted a video audition.

Do you have Cruise Ship or Theme Park experience?  YES  NO

Have you auditioned for us before? If so, (City) \_\_\_\_\_ (Date) \_\_\_\_\_

Have you ever missed work or ended a contract early due to an injury or other condition:  YES  NO  
If yes, please explain: \_\_\_\_\_

(OFFICE USE ONLY)

CODE
POSITION
HEIGHT
AVAILABILITY

### WOMEN

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Shoe: \_\_\_\_\_ Dress size: \_\_\_\_\_

Bust/Waist/Hips: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tattoos/Piercing (If so, where) \_\_\_\_\_

Circle all that apply:

Partnering: Yes / No Acro: Yes / No Pointe: Yes / No

### MEN

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Shoe: \_\_\_\_\_ Pants (waist/length): \_\_\_\_/\_\_\_\_

Chest/Jacket: \_\_\_\_/\_\_\_\_ Shirt (neck/sleeve): \_\_\_\_/\_\_\_\_

Tattoos/Piercing (If so, where) \_\_\_\_\_

Circle all that apply:

Partnering: Yes / No Acro: Yes / No

Please return (with a current headshot and resume) to the address shown above.  
FOR MORE INFORMATION PLEASE VISIT OUR WEB SITE AT:  
[www.STILETTOEntertainment.com](http://www.STILETTOEntertainment.com)

# Audition Form / Video Submission

Name \_\_\_\_\_ DATE \_\_\_\_\_

<b>OFFICE USE ONLY:</b>		<b>Tape #</b>		<b>Time: (Dance)</b>
<b>CALL BACK</b>		<b>Tape #</b>		<b>Time: (Dance)</b>
<b>Description</b>	<b>1 = Low</b>	<b>5 = High</b>	<b>Comments</b>	
	<b>Russian:</b>	<b>YES / NO</b>		
<b>DANCE</b>				
Extension	1	2 3 4 5		
Turns	1	2 3 4 5		
Tap	1	2 3 4 5		
Technique	1	2 3 4 5		
Sell	1	2 3 4 5		
			<b>Tape #</b>	<b>Time: (Sing)</b>
			<b>CALL BACK</b>	<b>Time: (Sing)</b>
			<b>Tape #</b>	<b>Song:</b>
<b>VOICE</b>				
Legit	1	2 3 4 5		
Belt	1	2 3 4 5		
Pitch	1	2 3 4 5		
Range	1	2 3 4 5		
Clarity/Volume	1	2 3 4 5		
Sell	1	2 3 4 5		

<b>Position</b>	<b>Ship/Class</b>	<b>Signature:</b>	<b>Date:</b>
		<b>Comments:</b>	

# EMPLOYMENT APPLICATION

Last Name (Surname) \_\_\_\_\_ First Name \_\_\_\_\_ (Middle) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State/Country \_\_\_\_\_ Zip (Postal) Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell / Voice Mail / Message \_\_\_\_\_  
Social Security Number (if applicable) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## PRELIMINARY INFORMATION

Position(s) you are applying for: \_\_\_\_\_

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Available To Start Work \_\_\_\_\_

Have you been convicted of a felony within the past 7 years? ( ) YES ( ) NO If you have, please give details: \_\_\_\_\_

(Such a conviction will not necessarily disqualify you for the position you are applying for)

Do you have any relatives who are currently working for this company? ( ) YES ( ) NO

If you are under 18 years of age, do you have a work permit? ( ) YES ( ) NO

Are you a citizen of the U.S.A.? ( ) YES ( ) NO  
If not, what Country are you a citizen? \_\_\_\_\_

If you are not an U.S. Citizen, do you have a green card or other legally recognized authorization to work in the U.S.? ( ) YES ( ) NO

Do you have a passport? ( ) YES ( ) NO Country \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

Do you have a C1D Visa? ( ) YES ( ) NO

Are you currently on lay-off? ( ) YES ( ) NO If so, Are you subject to recall? ( ) YES ( ) NO

Have you ever applied to this company? ( ) YES ( ) NO

It is this company's policy to provide equitable treatment in all employer-employee relationships. The policy of equitable treatment means that there shall not be any discrimination on account of race, creed, color, sex, marital status, pregnancy, sexual preference, or national origin. These factors shall not be a consideration for employment, retention, promotion, transfer, rates of pay or other forms of compensation, or demotion or separation.

## WORK EXPERIENCE

Please list your present or most recent job first.

Place an "X" in the left margin next to any former employer you do not wish to have contacted as a reference.

Company Name

Position Title

Street Address	City, State	Zip Code
Phone Number	Employment Dates	From - To

Continued...

Company Name	Position Title	
Street Address	City, State	Zip Code
Phone Number	Employment Dates	From - To

Company Name	Position Title	
Street Address	City, State	Zip Code
Phone Number	Employment Dates	From - To

**EDUCATION**

High School	Location	Year of Graduation
College	Location	Degree/Year of Graduation
Major	Minor	

**REFERENCES**

Name	Relationship	
Street Address	City, State	Zip Code
Home Phone Number	Years Known	
Name	Relationship	
Street Address	City, State	Zip Code
Home Phone Number	Years Known	

**PRE-EMPLOYMENT STATEMENT**

I give my permission to this company (or this company's agent) to seek and obtain job-related information concerning my previous employers and any references listed or attached. I give my permission to my previous employers, and any references listed or attached, to provide job-related information concerning my employment at their company, except as noted. I release all concerned from liability in connection therewith.

My signature below indicates that I have read, understood, and agreed to the preceding statement and that I have made true, correct, and complete answers and statements on this application and any supplements to it. I understand that my answers and statements will be relied upon by my prospective employer in considering my application for employment, and I understand that any omission or false answer or statement made by me on this application, or any supplements to it, will be sufficient ground for my discharge or withdrawal of an employment offer.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_