

Adult Application Form (for Talent 18 and over)

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Birthday _____ Current Age at Application _____ Gender: Male or Female (please circle)

Are you currently attending school? _____

What is your school schedule like? _____

Who is your employer? _____

What are your work hours like? _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Do you have tattoos or piercing? _____ If yes, please describe _____

Do you have scars or birthmarks? _____ If yes, please describe _____

Chest/Bust (women include cup size) _____ Waist Measurement _____ Hip Measurement _____

Shirt Size _____ Collar/Neck _____ Sleeve length _____

Suit Size _____ Dress Size _____ Pant Size _____ Inseam Length _____

Shoe Size _____ Hat Size _____ Glove Size _____

Do you wear contact lenses? _____ Do you wear glasses? _____

Do you feel that your schedule allows for sufficient flexibility that you would be able to work during normal business hours? _____

Are you willing to invest in marketing materials for yourself if needed? Yes or No (please circle)

List any special skills, talents, or ability you have? _____

List any athletic ability you have? _____

Circle any of the following that you would feel personally uncomfortable promoting (please circle)

Lingerie Swimsuits Alcohol Tobacco Casino Fur

Have you ever done any PARTS modeling (such as hands, feet, legs etc)? If yes, what _____

Are you currently listed with another local agency or regional agent? Yes or No (please circle)

If yes, then whom? _____

Can you read from a teleprompter? (please circle) Yes or No

Do you speak a foreign language? If yes, then what do you speak? _____

Are you fluent? (please circle) Yes or No

Can you speak with dialects or accents? If yes, describe _____

Are you interested in doing product sampling or sample marketing? Yes or No

Actors must complete the following: (please circle)

Are you a member of SAG? Yes or No

Are you SAG eligible? Yes or No

Are you an AFTRA member? Yes or No
