

MODEL APPLICATION FORM



Date Received/Updated: _____ Interviewed by: _____

NAME: _____	EMAIL: _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
HOME PHONE: _____	CELL: _____
EMERGENCY CONTACT: _____	PHONE: _____

Please list one reference (preferably a current or former employer, not a friend or family member.)

REFERENCE NAME: _____ COMPANY: _____

ADDRESS: _____ CITY/STATE: _____

PHONE: _____ EMAIL: _____

How did you hear about the Scottsdale Artists' School? _____

Have you ever worked for us before? If so, when? _____

The following information helps us determine whether you fit the needs we have for models in our fine art classes. If any category listed below makes you feel uncomfortable, you need not respond to that category. However, the more information you provide, the more opportunities we have to possibly place you in a classroom.

MALE FEMALE

RACE/ETHNICITY: _____ AGE: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR/LENGTH: _____

COMPLEXION (ex. fair, dark, etc.): _____

What kind of modeling are you willing to do? PORTRAITS NUDE FIGURE COSTUME

Do you have any tattoos, piercings, etc.? Please describe if applicable: _____

Hours of Availability: Please check when you are available &/or write "NO" in time slots you are unavailable

DAY	8:30AM-12:00PM	12:30PM-4:00PM	6:00PM-9:30PM
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			Not Open
SATURDAY			Not Open