

**FREELANCE ARTIST JOB APPLICATION FORM**

**PERSONAL DETAILS**

**Title:**

**Name:**

**Date of birth: (DD/MM/YY)** / /

**Mobile Phone Number:**

**Home Telephone Number:**

**Email Address:**

**ADDRESS DETAILS**

**Building Name / Number:**

**Street:**

**Town/City:**

**County:**

**Postcode:**

**ADDITIONAL INFORMATION**

**Have you any criminal convictions either spent or unspent?** YES/NO

**Have you commission painted before?**  YES/NO **Please give details**

**Have you previously worked with Forge World resin models** YES/NO

**On average, how many hours per week are you**  \_\_\_\_\_\_ HOURS **available to work on Siege Studios commissions?**

**Are there any reasonable adjustments that we would need to make for you to be** YES/NO

**able to work for us? If yes, please detail.**

|  |
| --- |
| **Do you have an airbrush?** YES/NO |
| **Are there any armies, factions or manufacturers that you have significant** YES/NO**experience in painting?** |
| **Are there any areas you aren’t particularly experienced with, that you** YES/NO**would like to have further tuition on? Please give details:** |
| **Have you experience with painting armies & larger projects**? YES/NO |
| **Would you be interested in producing tutorials for the Siege Studios Patreon** YES/NO**& You Tube channel?** |
| **Would you be interested in teaching physical classes for Siege Studios?** YES/NO |

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**REFERENCES**

WORK REFERENCE 1

Name:

Company:

Contact email:

Phone Number:

CHARACTER REFERENCE (must not be a family member)

Name:

Company:

Contact Email:

Phone Number:

NEXT OF KIN CONTACT DETAILS

Name:

Relation to you:

Contact Email:

Phone Number 1:

Contact Number 2: (Home/Work)

 I certify that all information & answers given herein are true & complete to the best of my knowledge.

 I authorise for references to be taken should it be deemed necessary by Siege Studios Limited.

In the event of a Freelance Artist Contract being offered & accepted by me, I understand that any false or misleading information given in my application or interview(s) may result in immediate termination of my Freelance Artist Contract.

**Date: (DD/MM/YYYY)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: (Block Capitals) Signature**

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Please note that all information on this form will be treated with the strictest confidence and will not be shared with any third parties