



Digital Imaging
P.O. Box 1356
Jefferson City, MO 65102

Pre-Interview Questionnaire

Please answer all questions completely. A snapshot of yourself must be enclosed with a completely filled out questionnaire. Mail or Email photographs and completed form to the above address.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Email Address _____

Modeling Experience : Beginner Intermediate Advanced

Are you associated with a modeling agency?

If yes, which Agency _____

What are your rates ? Hourly: _____ Half day: _____ Full day: _____

What modeling styles are you interested in? Check all that apply.

Maxim-style Fashion Lingerie Centerfold Business Artistic Nude Casual

Hair Color : _____ Hair Length : _____ Eye Color : _____ Dress Size : _____

Height : _____ Weight : _____ Chest : _____ Waist : _____ Hips : _____ Shoe Size : _____

Other than earrings, do you have any piercings? Yes No

If yes, where are they ? _____

Do you have any tattoos? Yes No

If yes, what kind and where are they ? _____

Are you : Employed Student Other _____

Do you have your own Transportation? Yes No

Preferred times for test shoots? Please check all times that are available.

Weekdays Weekends Morning Afternoon

Will a companion attend the test shoot? Yes No (No Boyfriend/Girlfriends)

Signature : _____ Date : _____