



## APPLICATION FOR EMPLOYMENT

Restaurant:	Position Applied For:	Salary Desired:
Name: _____ (Last) _____ (First) _____ (Middle)	Social Security Number:	
Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)	Home Phone Number:	
Years At This Address:	Date:	Applications are effective for 60 days. If you have received a request for an interview, the time limitations will be extended for the period during which your application is considered.

<b>START WITH PRESENT OR MOST RECENT EMPLOYER (Please be specific)</b>			
<b>WORK EXPERIENCE</b>	Company _____ Address: _____ Telephone Number: _____		
	Dates Employed From: Month _____ Year _____ To: Month _____ Year _____	Position Held/Responsibilities	
	Salary: Start: _____ End: _____	Reason for Leaving	Name of Supervisor
	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Company _____ Address: _____ Telephone Number: _____		
	Dates Employed From: Month _____ Year _____ To: Month _____ Year _____	Position Held/Responsibilities	
	Salary: Start: _____ End: _____	Reason for Leaving	Name of Supervisor
	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Company _____ Address: _____ Telephone Number: _____		
	Dates Employed From: Month _____ Year _____ To: Month _____ Year _____	Position Held/Responsibilities	
	Salary: Start: _____ End: _____	Reason for Leaving	Name of Supervisor
	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Company _____ Address: _____ Telephone Number: _____		
	Dates Employed From: Month _____ Year _____ To: Month _____ Year _____	Position Held/Responsibilities	
	Salary: Start: _____ End: _____	Reason for Leaving	Name of Supervisor
	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**\*Email completed application to [michael@camelbackhospitality.com](mailto:michael@camelbackhospitality.com)\***

**\*Attach any applicable references, and resume to this application\***



EDUCATION	HIGH SCHOOL	Name: _____	
		Location: _____	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO Or Highest Level _____
	UNIVERSITY	Name: _____	
		Location: _____	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO Or Highest Level _____
	OTHER, TRADE, TECHNICAL	Name: _____	
		Location: _____	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO Or Highest Level _____

PERSONAL	Are You under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, can you furnish proof of your age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you want to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Do you have reliable transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been known by any other last name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____
	Have you ever been convicted of a felony, any crime involving dishonesty, or any crime involving violence to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, give dates, charges, penalty assessed or disposition (Use additional paper if necessary):* _____	
	* CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT, CONSIDERATION WILL BE GIVEN TO THE NATURE OF THE CRIME, ITS SERIOUSNESS, DATE OF CONVICTION, AGE AT TIME OF OFFENSE, REHABILITATION AND THE POSITION FOR WHICH YOU ARE APPLYING. APPLICANTS IN THE STATES OF CA, WA, AND MA SHOULD REFER TO THE LAST PAGE OF THIS APPLICATION REGARDING THE LIMITS OF THIS QUESTION UNDER THE LAWS OF THESE STATES.	
	Do you object to irregular hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you object to night work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you object to swing or fluctuating work shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How soon after accepting an offer would you be able to start? _____	
	What particular hours are you able to work	Full availability _____
Sun _____ a.m. _____ p.m.	Mon _____ a.m. _____ p.m.	
Tues _____ a.m. _____ p.m.	Wed _____ a.m. _____ p.m.	
Thurs _____ a.m. _____ p.m.	Fri _____ a.m. _____ p.m.	
Sat _____ a.m. _____ p.m.		

**I declare my answers to the questions in this application to be true, and give Camelback Hospitality, their representatives, and affiliates the right to investigate all information given. I understand and consent to an inquiry that may include information as to my character, reputation, and other characteristics. This information may include, but is not limited to employment verification, education verification, reference checks, criminal reports, driving records, and credit reports. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I hereby release from all liability or responsibility all persons, companies, or organizations furnishing this information.**

**In consideration of my employment, i agree to conform to the policies of Camelback Hospitality and understand my employment may be terminated any time, with or without notice, for any reason.**

**Signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_