



APPLICATION FOR EMPLOYMENT

Complete this application and return to:
 1216 W. 41st St. Sioux Falls, SD 57105 or email to
contact@camillesiouxfalls.com or fax to 605-333-4849. Thank You!

PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone (H): _____ Phone (W): _____

Date of Birth * / / _____ Email: _____

* We are an Equal Opportunity Employer. You are not required to answer this question if you choose not to.

EMPLOYMENT DESIRED

Position _____ Date Available? _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this company before? _____ Where? _____ When? _____

WORK AVAILABILITY: Full Time _____ Part Time _____ Number of Hours per Week Desired: _____ Can you work weekends? _____

Camille's Sidewalk Cafe is Open Monday-Saturday from 7:30AM-9PM and Sunday 9AM-8PM
 Please complete this chart with the days and hours you are available.

	Available		FROM:	AVAILABLE	TO:
	YES	NO			
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

EMPLOYMENT HISTORY

List below your last 3 employers, begin with current employer and work backwards.

	Name and Address of Employer	Wage	Position or Duties	Reason for Leaving
Start Date	Name / Address / Phone			
End Date				
Start Date	Name / Address / Phone			
End Date				
Start Date	Name / Address / Phone			
End Date				

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects studied / Degree received?
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Graduate		1 2 3 4	Yes No	

Do you intend to return to school? _____ If so, when? _____

Summarize any other knowledge; skills or qualifications that you possess that may be relevant to this position:

REFERENCES: List below the names of three persons you have known at least one year but are not related to you.

Name	Phone Number (with Area Code)	Business	Years Acquainted
1			
2			
3			

PHYSICAL RECORD: Do you have any physical condition which may limit your ability to perform the job applied for?

I authorize the company to inquire from my references listed above. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I further understand that my employment is at will; that is, both the employer and I remain free to terminate the employment relationship for any reason, with or without cause and with or without notice, at any time regardless of the length of my employment or the granting of benefits of any kind. I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the employer's top executive.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Screening Interview By _____ Date _____

Interviewed By _____ Date _____

REMARKS

Hired: YES NO Wage: _____ Will Report: _____ Date for Training: _____

Approved: Asst Manager _____ & _____ General Manager _____

Hold Application

Received Employment Packet

Uniform