

**Free Food Inc. DBA Scargo Cafe**  
PO Box 1025  
799 Main St. (Route 6A)  
Dennis, MA 02638

**Phone: (508) 385-8200**  
email: office@scargocafe.com

Scargo Cafe is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex or national origin.

# Scargo Cafe Employment Application

Name:   
Date of Birth:   
E-mail address:

Social Security #   
Home Phone:   
Cell Phone:

## Local Address:

Address   
City   
State  Zip Code

## Permanent Address:

Address   
City   
State  Zip Code

## Positions you are interested in:

- |  |   |
|--|---|
| <input type="checkbox"/> Server                  | <input type="checkbox"/> Chef / Sous Chef |
| <input type="checkbox"/> Food Runner / Expediter | <input type="checkbox"/> Line Cook        |
| <input type="checkbox"/> Busser                  | <input type="checkbox"/> Prep Cook        |
| <input type="checkbox"/> Host                    | <input type="checkbox"/> Dishwasher       |
| <input type="checkbox"/> Bartender               | <input type="checkbox"/> Maintenance      |
| <input type="checkbox"/> Greeter                 |   |

## Detail below your Covid19 vaccination status.

Have you worked with us before?

Yes  No

Have you applied with us before?

Yes  No

Are you legally qualified to work in the USA?

Yes  No

Do you know anyone who has worked (or works) with us?

Yes  No

Who?

## Tell us about your work availability ...

- Full-Time  Part-time  
 Seasonal  Year Round

How many hours per week do you want to work?

Are there any specific days, dates, or times that you cannot work?

Hourly starting wage required:

When could you begin work?

If seasonal, what is last date you can work?

Have you ever been convicted of a crime:  yes  no

If yes, please explain briefly. We may ask a bit more later.

Do you have a valid drivers license?  yes  no

List the hours that you would be available to be scheduled for work:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

Are you a tobacco user or smoker ?

yes  no

If no, have you used tobacco in the past year?

yes  no

If yes, are you able to refrain from smoking immediately before, or during, the work day?

yes  no

If yes, ... will it effect your mood, demeanor, or abilities to perform in any way?

yes  no

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Please list two professional or personal references, other than relatives, that do not live with you:

Name		
Profession		
Relationship		
Phone:		

### Education

Type of School	Name of School, City, State.	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

### Most Recent (or current) Employment

Name of Employer:  Supervisor:

Dates of employment: From:  To:  Salary/Wage:

Address:

Phone #:  Position:

Reason for leaving (please be specific):

May we contact this employer for a reference:  yes  no

### Next most recent Employment

Name of Employer:  Supervisor:

Dates of employment: From:  To:  Salary/Wage:

Address:

Phone #:  Position?:

Reason for Leaving (be specific):

May we contact this employer for a reference:  yes  no

We are looking for at least 3 years of employment history so if the previous two employers do not span more than that time please tell us more. Also, tell us anything that you think we should know about you and why you would like to join us,...

List any qualities, talents, skills, or other points that we should be aware of. Tell us why you would be a good "fit" here at Scargo Cafe. Feel free to tell us about any hobbies, interests, career goals, etc.

The information I have provided in this application is true, correct, and complete. If hired, I understand that any false statements, errors or omission of fact on this application may result in my dismissal. I allow and authorize Free Food Inc., DBA Scargo Cafe to verify any and all of the information stated herein. I also authorize any of the persons listed to freely discuss any and all information concerning my employment. I release all parties from any liability from any damage that may result from furnishing the same. I am fully aware that my employment it is not for any specific period of time and could end at any time.

Signature

Date:

If submitting this form by printing as an image or PDF, please type your name in the Signature field above, otherwise print it out and sign it.

Please return completed applications to Scargo Cafe in person, or by postal mail to P.O. Box 1025, Dennis, MA 02638, or email a PDF or image of the completed application as an attachment to office@scargocafe.com If you choose to email this application, be sure to save a copy.