

INDEPENDENT CONTRACTOR WAITRON INFORMATION FORM

Personal Details

Full Name:	
Surname:	
ID Number:	
Date of Birth:	
Gender:	
Languages Spoken:	
Contact Number (Day):	
Cell phone Number:	
Position that you are applying for:	
No. of Shifts per week you want to work: (Min -3, Max - 6)	
Are you prepared to work in the smoking section of the restaurant?	Yes / No
State of health:	
Do you have your own transport?	Yes / No

Work Experience

1	Establishment :	
	Period of Employment :	
	Reason for Leaving :	
	Reference :	
2	Establishment :	
	Period of Employment :	
	Reason for Leaving :	
	Reference :	
3	Establishment :	
	Period of Employment :	
	Reason for Leaving :	
	Reference :	

I confirm that I have had 2 or more years work experience in the restaurant industry. I understand that this is not an application or offer of employment.

I understand that independent contract waitering staff are required to buy a uniform and have their own pens, waiter's friend and other accessories. It is understood that no remuneration will be paid during the training period, and that no guarantee is made of a contract being awarded after completion of this training period. Independent waitering staff are self-directing and self-reliant, and shall not be afforded the status of an employee.

Sign:	Date:
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**** Please Note: a Copy of the applicant's ID document must be attached****