

IHOP Restaurant

Application for Employment

An equal opportunity employer

*** This application must be filled out in its entirety. Resumes are welcome but are not a substitute for the information requested below ***

PERSONAL

Name _____ Social Security # _____
First Middle Last

Address _____ How long at this address? _____
Street City State Zip

Previous Address _____ How long at this address? _____
Street City State Zip

Phone # where you can be reached _____ Are you the age of 18 or over? Yes No

Have you ever been convicted of a Felony? Yes No
 If yes please describe in full: _____

Do you now have or have you recently had Hepatitis A virus, Norwalk and Norwalk-like viruses, Salmonella typhi, Shigella species, Staphylococcus aureus, Streptococcus pyogenes or diarrheal illness? Yes No
 if yes please describe in full: _____

Please note: a conviction record will not necessarily be a bar to employment. Factors such as the # of offenses, the circumstances of each conviction, length of time between conviction and application, employment history, and rehabilitation will be taken into account.

Note: Such disease or infection will not necessarily be a bar to employment but may be considered in assigning job tasks to avoid contact with food.

Emergency Contact Information

Name _____ Phone # _____
First Middle Last

Address _____ Relationship to you _____
Street City State Zip

I understand that verification of my identity and employment eligibility is a necessary pre-condition to employment. **Please Initial** _____

Education

Type of School	Name of School	Location of School	Courses Majored in	Last Year Completed	Diploma
High School	_____	_____	_____	9 10 11 12	Yes No
College	_____	_____	_____	1 2 3 4	Yes No
Business/Trade	_____	_____	_____	1 2 3 4	Yes No

Position Interest

What position are you applying for? _____ Starting Salary expected _____

Are you restricted to working:

Certain hours? Yes No if yes, list hours available: _____ If necessary can you work Yes No

Certain days? Yes No if yes, circle days available: M T W H F SA SU overtime? _____

Have you ever worked for our organization? Yes No Have you ever applied to our organization before? Yes No
 if yes which locations and dates: _____ if yes which locations and dates: _____

Please indicate by circling which location(s) you are intrested in applying to.

IHOP #436
101 N. University Dr.
Little Rock, AR 72704

IHOP #1933
4225 Warden Rd.
N. Little Rock, AR 72116

IHOP #1943
1161 Old Morrilton Highway
Conway, AR 72032

IHOP #1944
11601 Hermitage Road
Little Rock, AR 72211

IHOP #3067
3153 W. Wedington Dr.
Fayetteville, AR 72704

IHOP #3090
3513 E. Race Dr.
Searcy, AR 72143

IHOP #3121
17821 I-30
Benton, AR 72015

IHOP #3193
401 East Harrell Dr.
Russellville, AR 72802-2276

IHOP #3260
306 W. Commerce Dr.
Bryant, AR 72022

IHOP #3318
11501 Maumelle Blvd.
Maumelle, AR 72113

Work History

Name of Employer _____		Dates Employed _____	
		From M/Y	To M/Y
Supervisor's Name and Title _____		Phone # _____	
Address _____		Salary _____	
Street	City	State	Zip
		Starting	Ending
Position _____	May we contact this employer for references?		Yes No
Starting	Ending		
Please describe your duties: _____			
Reason for leaving: _____			

Name of Employer _____		Dates Employed _____	
		From M/Y	To M/Y
Supervisor's Name and Title _____		Phone # _____	
Address _____		Salary _____	
Street	City	State	Zip
		Starting	Ending
Position _____	May we contact this employer for references?		Yes No
Starting	Ending		
Please describe your duties: _____			
Reason for leaving: _____			

Name of Employer _____		Dates Employed _____	
		From M/Y	To M/Y
Supervisor's Name and Title _____		Phone # _____	
Address _____		Salary _____	
Street	City	State	Zip
		Starting	Ending
Position _____	May we contact this employer for references?		Yes No
Starting	Ending		
Please describe your duties: _____			
Reason for leaving: _____			

Name of Employer _____		Dates Employed _____	
		From M/Y	To M/Y
Supervisor's Name and Title _____		Phone # _____	
Address _____		Salary _____	
Street	City	State	Zip
		Starting	Ending
Position _____	May we contact this employer for references?		Yes No
Starting	Ending		
Please describe your duties: _____			
Reason for leaving: _____			

Important notice to tipped employees. I acknowledge that I have been notified that the Federal Minimum Wage Law provides that in determining the wage of a tipped employee, the amount paid to the employee by his employer shall be an amount equal to: (1) the cash wage paid the employee which shall be not less than the cash wage required to be paid to an employee by Federal Law; and (2) an additional amount on account of the tips received by the employee which is equal to the difference between the wage specified in paragraph (1) and the federal minimum wage. The additional amount on account of tips may not exceed the value of the tips actually received by the employee. Tips received by the employee shall be retained by the employee. This does not prohibit the pooling of tips among the employees who customarily and regularly receive tips.

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from this IHOP restaurant and/or any of their agents. This authorization and consent shall be valid in original, fax or copy form.

All hiring and employment at IHOP restaurant is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by this IHOP restaurant has no specific term and may be terminated by the employee or this restaurant with or without notice. I acknowledge that the IHOP restaurant has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States if I am offered a position with the IHOP restaurant, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this IHOP restaurant. I agree to release and hold harmless this IHOP restaurant and any of its agents, employees, officers or directors from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or may subsequent employment with this IHOP restaurant may be terminated.

If an offer of employment is extended to me by this IHOP restaurant, I acknowledge that such offer shall be adequate and sufficient consideration in exchange for my agreement to resolve any and all employment related disputes through mediation and arbitration, as set out in this IHOP restaurant's Dispute Resolution Rules and Procedures. Such rules and procedures shall be made available upon the written request of the employee. I acknowledge that employment related disputes include any and all claims, demands or actions under Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Americans with Disability Act, work related injury, or any other federal, state, or local statute, regulation or common law doctrine regarding hiring, employment discrimination, harassment, conditions of employment, or termination of employment

Applicant's Signature _____

Date _____

Application good for 14 days from date signed