

APPLICATION FOR EMPLOYMENT

PLEASE PRINT DATE OF APPLICATION_____

Last First		First	Middle									
Name						Social Secu	Social Security Number:					
Street City					City		State	State Zip Code				
Address												
Home Telephone:	()			Position applying t	for:		How were y	ou ref	eferred?			
Alternate Telephor	ne: ()											
If you are under age 18 can you furnish a work permit? If no, please explain									☐ Yes	□ No		
Have you ever been employed with IHOP or any of its other companies? If yes, please give location, dates and position(s)									☐ Yes	□ No		
Are you legally authorized to work in the United States?									☐ Yes	□ No		
Date available for work: Desired rate of pay? \$												
Are you able to meet the attendance requirements of the position?									☐ Yes	□ No		
Have you ever been convicted of any criminal offense other than minor traffic violations? If yes, please describe									☐ Yes	□ No		
	rds does not neces will be taken into a		you fr	om employment; fa	ctors such as date	of the	e offense, sei	riousne	ess and nature	e of the violation,		
DAYS and HOUR	S AVAILABLE TO	WORK										
DAY	DAY MON TUES			WED THURS				FRIDAY SA		SUNDAY		
FROM												
то												
EMPLOYMENT HISTORY (Start with MOST RECENT or CURRENT EMPLOYER)												
1) From												
Position	osition Address											
Immediate Supervisor/ Title May we contact for a								act for re	or reference?			
Job Title/Duties Performed Reason for leavi								aving	ing			
2) From To Employer Telephone												
Position Address												
Immediate Supervisor/ Title May we contact for r								act for re	eference?			
Job Title/Duties Performed Reason for leaving							aving					
3) From	From To Employer Telephone											
Position Address												
Immediate Supervisor/ Title May we contact for							act for re	or reference?				
Job Title/Duties Performed F							Reason for leaving					

EDUCATIONAL BACKGROUND									
Name and Location	Number of You		Did you graduate? ☐ Yes ☐ No				Major/Degree		
High School:	Complete			1 100		110			
College:									
Other:									
PROFESSIONAL REFERENCES									
NAME				RELATIONSHIP				NUMBER OF YEARS KNOWN	
	()								
	()								
	()								
I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that an information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all reference (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of a information provided by me in this application, resumé, or job interview. I hereby weilve any and all rights and claims I may have regarding the employer its agents, employees or representatives, for seeking, gathering and sing such information in the employment process and all other persons corporations or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting of excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law. If I am hired, I understand that I am free to resign at any time, with our without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration, I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing expressinguage are valid unless they are in writing and signed by the employer's president. I certify									

All applications received by this company will remain active for 30 days. If you still wish to be considered for employment after 30 days, you must fill out a new application.

Signature of Applicant

Date _____