

APPLICATION FOR EMPLOYMENT

PLEASE PRINT DATE OF APPLICATION_____

ι	₋ast	First	Midd	le					
Name				Social Sec	Social Security Number:				
	Street			City	State	Zip Code			
Address									
Home Telephone: () Position applying for:					How were you referred?				
Alternate Telephor	ne: ()								
	are under age 18 can you furnish a work permit? If no, please explain						□ 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 aut	thorized to work in t	he United State	s?			\[\] Yes	□ No		
Date available for work: Desired rate of pay? \$									
Are you able to meet the attendance requirements of the position?							□ No		
Have you ever been convicted of any criminal offense other than minor traffic violations? If yes, please describe							□ No		
(A conviction records does not necessarily disqualify you from employment; factors such as date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)									
DAYS and HOUR	S AVAILABLE TO	WORK							
DAY	MON	TUES	WED	THURS	FRIDAY	SATURDAY	SUNDAY		
FROM									
то									
EMPLOYMENT HISTORY (Start with MOST RECENT or CURRENT EMPLOYER)									
1) From	То	E	mployer	r			elephone		
Position	Address Address								
Immediate Supervisor/ Title May we contact for r						act for reference?	for reference?		
Job Title/Duties Performed Reason for leaving						eaving	ng		
2) From To			Employer Telephone			;			
Position	Position Address								
Immediate Supervisor/ Title May we contact for							reference?		
Job Title/Duties Performed Reason for leaving						eaving			
3) From To			mployer						
Position Address									
Immediate Supervisor/ Title May we contact for						act for reference?			
Job Title/Duties Performed Reason for leaving									

EDUCATIONAL BACKGROUND									
Name and Location	Number of Years Completed		Did you graduate? ☐ Yes ☐ No	Major/Degree					
High School:		Compictor							
College:									
Other:									
PROFESSIONAL REFERENCES									
NAME	TELEPH	HONE	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 any 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 of this application, 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 references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé, or job interview. I hereby waive 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 or 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 definited unartion, 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 express language are valid unless they are in writing and signed by the emp									
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. RIVER ROAD RESTAURANTS LLC is a drug free work place. At some point during your initial 90 days of employment you will be asked to submit to a blood test.									
Signature of Applicant				Date					
All applications received by this company will out a new application.	remain active for 30	days. If you still v	ish to l	pe considered for employme	nt after 30 days, you must fill				

River Road Restaurants, LLC. 10/07