

_____, dba
**IHOP® RESTAURANT
 EMPLOYER**

Good Things Cookin'
 Breakfast, Lunch and Dinner

AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR EMPLOYMENT
 GOOD FOR 7 DAYS**

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

PERSONAL

DATE: _____				
Name:			Social Security No: _____	
Address	First	Middle	Last	How long at this address?
Previous Address	Street	City	State	Zip
Are you over 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Phone No:	If none, give # where you can be reached:			
I understand that verification of my identity and employment eligibility is a necessary pre-condition to employment.			Please Initial:	
Have you ever been convicted of a Felony?	If yes, describe in full:			
Yes <input type="checkbox"/> No <input type="checkbox"/>	<small>(Please note: a conviction record will not necessarily be a bar to employment. Factors such as the number of offenses, the circumstances of each conviction, the length of time between conviction and application, employment history, and rehabilitation will be taken into account.)</small>			
Do you now 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, explain.				
<small>(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.)</small>				
Give name and address of person to notify in case of emergency:				
Name:				
Phone No.				
Address:				
City, State & Zip:				

POSITION INTEREST

For what position are you applying?		Starting Salary expected:	
Have you ever worked for our organization?		Date available for Employment:	
Yes <input type="checkbox"/> No <input type="checkbox"/> Location: _____ Dates: _____			
Are you restricted to working: certain hours? Yes <input type="checkbox"/> No <input type="checkbox"/> certain day? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list hours available: If yes, circle days available: M T W H F SA SU	If necessary can you work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, _____ when _____ where _____			

WORK HISTORY

List below your last 4 employers, starting with your present or most recent employer.

DATES				NAME OF EMPLOYER	SALARY
From		To		Address, City, State, Phone	Start
Month	Year	Month	Year		
					Final
Supervisor's Name & Title				Telephone #	
Your Starting Position:			Your Ending Position:		
May we contact your present employer for references?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Applicable, describe your duties:					
Reason for leaving:					

DATES				NAME OF EMPLOYER	SALARY
From		To		Address, City, State, Phone	Start
Month	Year	Month	Year		
					Final
Supervisor's Name & Title				Telephone #	
Your Starting Position:			Your Ending Position:		
If Applicable, describe your duties:					
Reason for leaving:					

DATES				NAME OF EMPLOYER			SALARY
From	To					Start	
Month	Year	Month	Year				Final
Supervisor's Name & Title				Telephone #			
Your Starting Position:				Your Ending Position:			
If Applicable, describe your duties:							
Reason for leaving:							

DATES				NAME OF EMPLOYER			SALARY
From	To					Start	
Month	Year	Month	Year				Final
Supervisor's Name & Title				Telephone #			
Your Starting Position:				Your Ending Position:			
If Applicable, describe your duties:							
Reason for leaving:							

EDUCATION

Please list education which is related to position sought

Type of School	Name of School	Locations of School	Courses Majored in	Last Year Completed		
High School				9 10 11 12	Diploma	
College				1 2 3 4	Degree	
Business/Trade School				1 2 3 4	Degree	

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

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 whom 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 had been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my 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 the mutual irrevocable agreement of both this IHOP restaurant and me to resolve any and all employment related disputes exclusively through mediation and binding arbitration, as set out in this IHOP restaurant's Dispute Resolution Rules and Procedures. 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