



THE
Original ©
PANCAKE HOUSE

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

STORE # _____

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION (circle all that apply) HOST SERVER COOK BUSSER DISHWASHER MANAGER	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	DATE YOU CAN START	SALARY DESIRED
ARE EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE USA? <input type="checkbox"/> YES <input type="checkbox"/> NO	EVER WORKED AT ANY ORIGINAL PANCAKE HOUSE RESTAURANT? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE?	
INDICATE WHICH DAYS YOU ARE AVAILABLE (6:30 A.M.- 3:30 P.M.) (SOME LOCATIONS SAT. & SUN. UNTIL 5:30 P.M.) MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY _____			
ARE YOU 16 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

APPLICATION FOR EMPLOYMENT

FORMER EMPLOYERS (BEGIN WITH MOST RECENT EMPLOYER)

DATE, MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

NAME	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: _____

SIGNATURE: _____

----- DO NOT WRITE BELOW THIS LINE -----

INTERVIEWED BY: _____

DATE: _____

REMARKS
