



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

DATE OF APPLICATION _____

Last	First	Middle	
Name			
Street		City	State
Address			Zip Code
Home Telephone: () () ()		Position applying for:	
Alternate Telephone: () () ()		How were you referred?	

If you are under age 18 can you furnish a work permit? Yes No
If no, please explain _____

Have you ever been employed with IHOP or any of its other companies? Yes No
If yes, please give location, dates and position(s) _____

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? Yes No
If yes, please describe _____

(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 HOURS AVAILABLE TO WORK

DAY	MON	TUES	WED	THURS	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

EMPLOYMENT HISTORY (Start with MOST RECENT or CURRENT EMPLOYER)

1) From	To	Employer	Telephone
Position		Address	
Immediate Supervisor/ Title		May we contact for reference?	
Job Title/Duties Performed		Reason for leaving	
2) From	To	Employer	Telephone
Position		Address	
Immediate Supervisor/ Title		May we contact for reference?	
Job Title/Duties Performed		Reason for leaving	
3) From	To	Employer	Telephone
Position		Address	
Immediate Supervisor/ Title		May we contact for reference?	
Job Title/Duties Performed		Reason for leaving	

EDUCATIONAL BACKGROUND

Name and Location	Number of Years Completed	Did you graduate?		Major/Degree
		Yes	No	
High School:				
College:				
Other:				

PROFESSIONAL REFERENCES

NAME	TELEPHONE	RELATIONSHIP	NUMBER OF YEARS KNOWN
	()		
	()		
	()		

APPLICANT STATEMENT

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 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 express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Miles Management Inc. 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 remain active for 30 days. If you still wish to be considered for employment after 30 days, you must fill out a new application.