



Personal Information

First Name _____ Last Name _____ SSN _____

Address _____ City _____ State _____ Zip _____ Phone _____

Are you older than 16? Yes NO If Not, Birth Date? _____ If under 18, you will be required to submit a work certificate as required by state or federal law.

Have you Previously Applied for Employment with The OPH Michigan? Yes NO If Yes, which OPH did you apply? _____

Type of Employment you are seeking? Full Time Part Time Seasonal Date Available for Employment _____

Position Applying For: Cook Dishwasher Busser Waitress/Waiter Host/Hostess

What brought you in contact with this company - How did you happen to apply here? _____

Are you acquainted with anyone who is working here? Yes NO If Yes, relationship and who: _____

Are you a citizen of the U.S. or do you have a legal right to work here? Yes NO

During the past 5 years, have you ever been convicted of a crime other than misdemeanors and traffic violations? Yes NO If yes, Describe in full _____

Availability

We are open 7 days a week, are there any days you cannot work? _____ When? _____

Will you be able to get to work on time everyday? Yes NO

Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Available during school vacations? Full Time Part Time None

Employment History

Company Name _____ Address _____

Phone _____ Dates Worked From _____ Job Title _____

Duties _____ Supervisor _____ Weekly or Hourly Pay _____

Reason for Leaving _____

Company Name _____ Address _____

Phone _____ Dates Worked From _____ Job Title _____

Duties _____ Supervisor _____ Weekly or Hourly Pay _____

Reason for Leaving _____

Education

High School _____ And/Or College/Other _____
Graduated Yes NO
Graduated Yes NO Currently Enrolled Yes NO
If yes, Where _____ Day Evening
Sports or Activities _____

Military History

Branch of Service _____ Dates _____ Highest Rank _____
Do you have service related skills and experience applicable to civilian employment? Yes NO
If yes, Describe _____

Professional References

No Family Please

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Signature

By signature below, I affirm that I have read and understand this application, that I have not withheld any information requested, and that any statements I have made are true and correct. I understand that any omission or misrepresentation of fact in this application may result in refusal or separation from employment.

I authorize verification and investigation of the statements made on this application and of my employment history.

If I am accepted for employment, I understand and agree that such employment will be at will and may be terminated by either party at any time with reason or no reason and with or without prior notice. I further understand and agree that this at-will employment status constitutes the entire understanding between me and the company regarding the right and ability of either party to terminate employment that this at-will status cannot be change except through a written understanding signed by the President of the Company.

Signature Field _____ Date _____

The Original Pancake House Michigan is committed to maintaining a smoke free and drug free workplace. The company reserves the right to administer drug tests to applicants and employees to the extent permitted by law.

All applicants will receive consideration without regard to race, color, sex, marital status, sexual orientation, religion, age, national origin, disability, handicap, veteran status, or any other protected category. Reasonable accommodations will be provided in accordance with the law.

The Original Pancake House Michigan is an equal opportunity employer. No question on this application is intended for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the OPH from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the OPH and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.