

## **APPLICATION FOR EMPLOYMENT**

THE ORIGINAL PANCAKE HOUSE is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

| PERSONAL:   |                       |                    |                      |             |                     |             |
|---|-----------------------|--------------------|----------------------|-------------|---------------------|-------------|
| Name  |                       |                    |                      |             | Date                |             |
| Last  | First                 | Middle             |                      |             |                     |             |
| Address   |                       |                    |                      |             |                     |             |
| Number & Str  | reet                  |                    | City                 | State       | Zip Code            |             |
| Position Sought                                       |                       |                    |                      |             | Full Time           | _ Part Time |
| Date Available  | Salary De             | esired Pe          | ermanent Number _    |             | Cell Number         |             |
| Are you over 18 years                                 | old? Yes No           |                    |                      |             |                     |             |
| Are you legally eligible (If offered employmer        |                       |                    |                      | eligibility | /.)                 |             |
| Can you perform the eany question as to what function |                       |                    |                      |             |                     |             |
| EDUCATION: Please in                                  | ndicate education or  | training which you | believe qualifies yo | u for the   | position you are se | eeking.     |
| High School: No. of Ye                                | ears Completed (circl | le one) 1 2 3 4    |                      |             |                     |             |
| Diploma: Yes No                                       | o <b>G.E.D.</b> : Yes | _No                |                      |             |                     |             |
| School(s)   |                       |                    | _ City/State         |             |                     |             |
| College and/or Vocati<br>Number of Years Com          |                       | 2 3 4              |                      |             |                     |             |
| School(s)   |                       |                    | City/State           |             |                     |             |
| Major   |                       |                    | Degrees Earned       |             |                     |             |
| Other Training or Deg                                 | rees:                 |                    |                      |             |                     |             |
| School(s)   |                       |                    | City/State           |             |                     | <del></del> |
| Course  |                       |                    | Degree or Certi      | ificate Ea  | rned                |             |

PROFESSIONAL LICENSE OR MEMBERSHIP:

| License Expiration Date   |   |
|---|---|
| Other Professional Memberships(You need not disclose membership in professional organizations that age, disability, marital status, veteran status or any other protected | that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, ed status.) |
| SKILLS: Office: Data Entry/ Typewriter  | wpm. Word Processing: MSWord Other  |
| Other Software Skills   |   |
| Have you ever been employed by <b>THE ORIGINAL PANC</b> If so, please state dates of employment:  | CAKE HOUSE?Yes No   |
| EMPLOYMENT: List last employer first, including U.S.  | 5. Military Service.  |
| May we contact your present employer? Yes   | No  |
| If any employment was under a different name, indic   | cate name   |
| Employer  | Address   |
| Telephone   | Position  |
| Dates of Employment: From Mo/Yr. To   | Mo/Yr.  |
| Salary Supervisor   | Department  |
| Duties  | FT PT No. of Hrs  |
| Employer  | Address   |
| Telephone   | Position  |
| Dates of Employment: From Mo/Yr. To   | Mo/Yr.  |
| Salary Supervisor   | Department  |
| Duties  | FT PT No. of Hrs  |
| Employer  | Address   |
| Telephone   | Position  |
| Dates of Employment: From Mo/Yr. To   | Mo/Yr.  |
| Salary Supervisor   | Department  |
|   | FT PT No. of Hrs  |
|   | Address   |
|   | Position  |

| Dates of   | Employm     | ent: From        | Mo/Yr.            | То                     | Mo/Yr.            |               |               |                                       |       |
|------------|-------------|------------------|-------------------|------------------------|-------------------|---------------|---------------|---------------------------------------|-------|
| Salary _   |             | Supervisor       |                   |                        | De                | partment      | :             |                                       |       |
| Duties _   |             |                  |                   |                        |                   |               | FT            | Г PT No. of Hrs                       |       |
| If you w   | ish to desc | ribe additio     | nal work exp      | perience, attach       | the above in      | formatio      | n for each po | osition on a separate piece of pape   | r.    |
| Account    | for any fu  | ll month sind    | ce leaving so     | chool (high scho       | ol or college)    | that you      | were not w    | orking:                               |       |
|            |             |                  |                   |                        |                   |               |               |                                       |       |
|            |             |                  |                   | o resign from a j      |                   |               |               |                                       |       |
| If yes, ex |             |                  |                   |                        |                   |               |               |                                       |       |
|            |             |                  |                   |                        |                   |               |               |                                       |       |
|            |             |                  |                   |                        |                   |               |               |                                       |       |
| A ma viavi | available : | to work DA       | VC[] NICH         | TS[] WEEKENI           | אכון דווו דו      | NAT []        | If vo         | ou connat work full time. places over | م: ما |
|            | avallable   |                  |                   |                        |                   |               |               | ou cannot work full time, please exp  | Idii  |
| Days an    | d Hours Av  | vailable: (If er | mployed, I will r | notify my supervisor i | n writing, should | my availabili | ity change.)  |                                       |       |
| Day        | Sunday      | Monday           | Tuesday           | Wednesday              | Thursday          | Friday        | Saturday      |                                       |       |
| From:      |             |                  |                   |                        |                   |               |               |                                       |       |
| То:        |             |                  |                   |                        |                   |               |               |                                       |       |
| PROFES     | SIONAL RE   | FERENCES:        |                   |                        |                   |               |               |                                       |       |
| Name _     |             |                  |                   |                        | Name              | e             |               |                                       |       |
| Address    |             |                  |                   |                        | <br>Addro         | ess           |               |                                       |       |
|            |             |                  |                   |                        |                   |               |               |                                       |       |
| -<br>Phone | ( )         |                  |                   |                        | -<br>Phon         | e (           | )             |                                       |       |
|            |             |                  |                   |                        |                   |               |               |                                       |       |
|            |             |                  |                   |                        |                   |               |               |                                       |       |
| Name _     |             |                  |                   |                        | Name              | e             |               |                                       | _     |
| Address    |             |                  |                   |                        | Addr              | ess           |               |                                       |       |
|            |             |                  |                   |                        |                   |               |               |                                       |       |
| Phone      | ()          |                  |                   |                        | Phon              | e (           | )             |                                       | _     |
|            |             |                  |                   |                        |                   |               |               |                                       |       |
|            |             |                  |                   |                        |                   | • ———         |               |                                       |       |

## APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize **THE ORIGINAL PANCAKE HOUSE** to verify their accuracy and to obtain reference information on my work performance. I hereby release **THE ORIGINAL PANCAKE HOUSE** from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I therefore authorize the Company, and anyone it deems appropriate to act on its behalf, to investigate my background, qualifications and/or any other information on me as it deems appropriate. I also release all parties, including the Company and anyone supplying information on me, from all liability for any damage that may result from collecting, releasing or furnishing any such information.

I further agree that any party providing information to the Company will be treated as a third-party beneficiary to this Agreement and are protected from any form of retribution from me our my representatives, legal or otherwise.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I also agree that I will indemnify the Company and/or any other parties for any attorneys' fees, administrative costs and any other costs by any party that it incurs should I breach this Agreement and pursue any action against them based upon the information they provided or collected as a part of my background check.

I agree that all lawsuits, actions, and other proceedings arising from any background investigation conducted on me will be brought in the appropriate court in **Franklin County, Ohio**. This Agreement shall be governed by and construed under the laws of the United States and the State of **Ohio**.

| I understand that I have had the opportunity to secure legal counsel before signing this Application. |       |
|---|-------|
| I agree that I am therefore voluntarily and knowingly entering into this Agreement.                   |       |
| Signature of Applicant  | Date: |