



APPLICATION FOR EMPLOYMENT
Check specific area of employment desired:

Restaurant Management Distribution Center Corporate

Date: _____ Social Security Number: _____

Name: _____ Phone: _____

Present Address: _____
Street City State Zip How long?

Previous Address: _____
Street City State Zip How long?

Position desired: _____ Date you can start: _____ Salary desired: _____

Have you ever been employed by Huddle House® _____

If yes, when? _____ Where? _____

How were you referred to Huddle House®? _____

Will you work nights? _____ Weekends _____ Full Time? _____ Part Time? _____

Are you willing to relocate if necessary? _____

Do you have reliable transportation, which could include public transportation, to get to work? _____

Will you, after employment, be able to submit verification of your legal right to work in the United States? Yes No

If you are under 18 years of age, state your age _____ If so, proof of age is required prior to employment.

Please list any friends or relatives employed by Huddle House: _____

Have you ever been convicted of a felony or pled no contest to a felony charge? Yes No

EDUCATION HISTORY

	Name of School	City	Highest Grade Completed
High School			
College/University			
Other Special Training			
Business College			
Correspondence Night School			

IN THE EVENT WE CANNOT REACH YOU AT YOUR HOME PHONE NUMBER FOR AN INTERVIEW, MAY WE NOTIFY SOMEONE?
(Complete below)

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

MILITARY SERVICE Are you a Veteran YES NO If yes, give the date of service _____ TO _____

List any other experience or skills that are relevant to the position that you are applying: _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER	HOURLY RATE OR WEEKLY SALARY		POSITION	REASON FOR LEAVING
				BEGINNING	ENDING		
FROM							
TO							
FROM							
TO							
FROM							
TO							
FROM							
TO							

REFERENCES: BELOW LIST NAMES OF THREE PERSONS (EMPLOYERS OR CO WORKERS)

NAME	ADDRESS	TYPE OF BUSINESS	PHONE #	LENGTH OF TIME KNOWING THIS PERSON

In case of emergency, person to notify: _____ Telephone No. _____
 Address: _____
 STREET CITY STATE ZIP

HAVE WE FAILED TO ASK SOMETHING IMPORTANT? Please note below any awards, activities, etc. which relate to your skills and abilities that may be useful in the position applying for: _____

CONDITIONS OF EMPLOYMENT

I agree that should I enter the employment of Huddle House, Inc., such employment shall be for no fixed or definite period, shall be subject to termination by either Huddle House, Inc. or by me at any time, and shall be probationary for the first 90 days. I understand that no representative or agent of Huddle House, Inc. has the authority to employ me for any definite period of time.

I understand that Huddle House, Inc. is a drug-free employer and may require drug testing for its employees. I also understand that failure to submit to a drug screening test when requested may result in disciplinary action up to and including termination.

Where legally permissible, I agree to submit to polygraph tests or other similar monitoring methods at the expense of Huddle House, Inc. I understand that facts discovered by such drug tests, polygraph tests, or other similar methods may be used as evidence in legal or administrative proceedings and they may also be used in considering my application or continued employment and as a basis of rejecting my application or terminating my employment.

The answers provided by me in connection with this application are true and correct to the best of my knowledge. I understand that any misrepresentation or omission of information is cause for dismissal.

I understand that I must comply with Huddle House, Inc. requirements regarding personal grooming, hygiene and dress code. I understand that if I am employed in the restaurants, I am required to wear slip-resistant shoes.

I understand that Huddle House, Inc. may choose to open on any given holiday and that such day will be regarded as any normal working day. Further if I am a tipped employee, I understand and agree that you will take a tip credit permitted by federal and state minimum wage laws.

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE.

DATE _____

SIGNATURE _____

PLEASE DO NOT WRITE BELOW THIS LINE

Huddle House, Inc. considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.