

Application for IPH Employment

Personal Information

Name _____ Date _____

Current Mailing Address _____
Street _____

City _____ State _____ Zip _____

Home phone (____) _____ Cell phone(____) _____

E-mail address _____ @ _____

Permanent Address _____
Street _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Age _____ Marital Status _____ Kids _____

Desired hourly wage _____ Full Time or Part Time _____

Available start date _____

Work Experience

Please list the last four jobs you have held, starting with your current or most recent one. Include volunteer work if it required skills useful for a position here. Attach a resume as well as, but not in place of, this section.

1. Employer _____ Dates _____ - _____
Name of Supervisor _____ Phone (____) _____
Your position and duties _____

May we contact this employer to obtain a work reference?

2. Employer _____ Dates _____ - _____
Name of Supervisor _____ Phone (____) _____
Your position and duties _____

May we contact this employer to obtain a work reference?

3. Employer _____ Dates _____ - _____
Name of Supervisor _____ Phone (____) _____
Your position and duties _____

May we contact this employer to obtain a work reference?

Education

High School _____ Year Graduated _____

College _____ Dates Attended _____ - _____

Graduated? _____ Degree obtained _____

Other schools or training related to the job for which you are applying

General Information

1. Do you have a valid driver's license? _____
2. Are you legally eligible for employment in this country? _____
3. Have you ever been convicted of a felony? _____
4. Do you hold a current First Aid and CPR card? _____
5. How did you hear about us? _____
6. Who should we notify in case of emergency?

Name _____ Address _____

Phone(____) _____

7. Do you have a disability, handicap or medical condition that would limit your job performance? If so, please describe _____

Attach this application, your resume, and a photo of yourself to this completed application and mail to:

INDIAN PASTRY HOUSE, 3409 Old Parham Road, Richmond, VA - 23294

Your signature below attests to the validity of all information provided on this application.

Signature of Applicant _____ Date _____

TO BE FILLED BY IPH ONLY

Date of Hire:

Rate of pay:

Hours Committed:

Remarks: Pressure at work; Public Image; Experience