



IN-N-OUT BURGER
4199 Campus Drive, 9th Floor
Irvine, CA 92612
(949) 509-6200

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS FULLY.

Name - Last		First	Middle Initial
Street Address			City
State	Zip Code	Telephone # ()	Cell Phone # ()
How Long at Current Address ____ Years ____ Months		Social Security Number	Email Address
Previous Street Address			
City			State Zip Code

Position Applying For: _____

Schedule Desired: Full-Time Part-Time Hours/Week Desired: _____ Salary Expected \$ _____/per hour

Are there any hours, shifts, or days you are not able to work? YES NO If yes, when? _____

Are you under 18 years of age? YES NO. If yes, date of birth: ____/____/____ If under 18, after hired, can you provide a Work Permit? YES NO

Have you been previously employed by In-N-Out Burger? Yes No If yes, where and when? _____

Through what means were you referred to In-N-Out Burger? _____

WORK HISTORY: BEGIN WITH YOUR MOST RECENT EMPLOYER FIRST. (INCLUDE ANY RELEVANT VOLUNTEER OR UNPAID WORK EXPERIENCE).

From	To	Employer	Telephone # ()
Hourly Rate / Salary Start \$ per	Final \$ per	Address	
Starting Job Title / Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May We Contact For Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If No, Please Explain:			
Reason For Leaving:			

From	To	Employer	Telephone # ()
Hourly Rate / Salary Start \$ per	Final \$ per	Address	
Starting Job Title / Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May We Contact For Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If No, Please Explain:			
Reason For Leaving:			

From	To	Employer	Telephone # ()
Hourly Rate / Salary Start \$ per	Final \$ per	Address	
Starting Job Title / Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May We Contact For Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If No, Please Explain:			
Reason For Leaving:			

From	To	Employer	Telephone # ()
Hourly Rate / Salary Start \$ per	Final \$ per	Address	
Starting Job Title / Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May We Contact For Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If No, Please Explain:			
Reason For Leaving:			

(Over Please)

Equal Opportunity Employer By Choice

Rev. 5/2008

FORM #802-289

PLEASE EXPLAIN FULLY ANY GAPS IN YOUR EMPLOYMENT HISTORY: _____

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? Yes No If "Yes," please explain circumstances: _____

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST TWO YEARS EXCLUDING TIME OFF DUE TO A WORK RELATED INJURY, PROTECTED LEAVE OF ABSENCE, PAID HOLIDAYS, VACATION OR CIVIC OBLIGATIONS (SUCH AS JURY DUTY)? Year _____ Number of Days _____ Year _____ Number of Days _____

PLEASE IDENTIFY ANY POTENTIAL LIMITATIONS REGARDING YOUR METHOD OF TRANSPORTATION TO AND FROM WORK: _____

NAME ANY FRIENDS OR INDIVIDUALS YOU KNOW WHO ARE PRESENTLY EMPLOYED BY IN-N-OUT BURGER: _____

AFTER EMPLOYED, CAN YOU FURNISH DOCUMENTATION PROVING THE LEGAL RIGHT TO REMAIN AND WORK IN THE UNITED STATES? Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? Yes No

IMPORTANT: Do not answer "Yes" to this question if: (1) the record for this conviction has been judicially ordered sealed, expunged, or statutorily eradicated; or (2) the conviction relates to an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program; or (3) the conviction relates to a misdemeanor for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; or (4) the conviction relates to a marijuana-related misdemeanor that occurred more than two years ago; or (5) you are an applicant in the state of Utah and the conviction relates to a misdemeanor.

If "Yes," please complete this information:

Date: _____ County: _____ State: _____ Nature of Offense: _____

A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT. PLEASE EXPLAIN ANY "YES" ANSWER FULLY SO THAT INDIVIDUAL CIRCUMSTANCES CAN BE CONSIDERED.

DESCRIBE ANY PREVIOUS JOB DUTIES OR SPECIAL TRAINING RELEVANT TO THE JOB YOU ARE APPLYING FOR: _____

EDUCATION:

SCHOOL NAME	LOCATION	DID YOU GRADUATE?	DEGREE/ DIPLOMA	MAJOR/MINOR	GRADE AVERAGE
HIGH SCHOOL					
COLLEGE					
COLLEGE					
BUSINESS/TECHNICAL					
OTHER					

LIST EXTRA CURRICULAR ACTIVITIES, HOBBIES, ACADEMIC AWARDS, HONOR SOCIETIES, ETC. (omit those indicating race, creed, color, sex, age, handicap, national origin or other protected group)

PLEASE READ CAREFULLY BEFORE SIGNING!

I certify that the information given in this application is true and complete to the best of my knowledge and that I have not knowingly omitted any information that may impact the employment decision. I understand that the information may be verified by the Company, and I hereby authorize investigation of all statements contained in this application for employment, and I hereby release my present employer and past employers from all liability and damages whatsoever arising from the release of any and all information regarding my employment. If I am employed, in consideration of my employment, I agree to abide by all rules and policies of the Company, I also agree that the duration of my employment will not be for any specified term and may be terminated by me at will or at the will of the Company, with or without cause, and with or without notice, at any time. I understand that only the President of the Company has the authority to enter into an agreement for any specified period of time, or to make any agreement contrary to the foregoing, and then only if it is done in writing and signed by the President and by me.

I understand that false or misleading information given in my application or interview(s) may result in my not being hired, or if hired, in my discharge from employment.

I declare under penalty of perjury that all the foregoing is true and correct.

APPLICANT'S SIGNATURE: _____ DATE: _____

(Do Not Write Below This Line - For Supervisor's Use Only)

POSITION/TITLE: _____

STORE NUMBER OR DEPT.: _____ NEW ASSOCIATE REHIRE STATUS: Full-Time Part-Time

STARTING PAY: \$ _____ STARTING DATE: _____ REFERRED BY: _____

SUPERVISOR'S NAME (please print): _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____/____/____

1 Check here if you are completing this form **before** August 28, 2007, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received food stamps for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received food stamps for the past 6 months, **or**
 - b Received food stamps for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.

4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, **or**
- Unemployed for a period or periods totaling at least 6 months.

5 Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____



APPLICANT EEO INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to national origin, ancestry, citizenship, race, color, religious creed, gender, sexual orientation, military service, pregnancy, marital status, age (40 and over), physical disability, mental disability, medical condition. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS **VOLUNTARY** AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION.

PLEASE PRINT

Name: _____ Date: _____
Last First Middle

Position applied for: (list only one) _____

Location applied at: _____

What is your race/ethnic origin?

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Hispanic or Latino
- White
- Native Hawaiian or other Pacific Islander
- Two or more races

What is your gender?

- Male
- Female