



This form provided for exclusive use of Subway® Sandwich Shop Franchisees

FOR OFFICE USE ONLY

EMP. NO. \_\_\_\_\_  
W4 \_\_\_\_\_  
WORKING PAPER # \_\_\_\_\_

# EMPLOYMENT APPLICATION FOR GENERAL RESTAURANT WORK

## PERSONAL INFORMATION: (please print clearly)

NAME \_\_\_\_\_ SOC. SEC. # / TAX ID NO. \_\_\_\_\_  
First Middle Initial Last  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_  
TELEPHONE (\_\_\_\_) \_\_\_\_\_ Have you ever worked for SUBWAY® Sandwich Shop before?  Yes  No If yes, when/where?  
\_\_\_\_\_

Are you over 18 years of age?  Yes  No (if NO, a work permit will be required.)

## In Case of Emergency Notify:

NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

## AVAILABILITY :

Are you legally able to be employed in this country?  Yes  No (if hired, verification will be required by law)

What type of position are you seeking?  Part time  Full time  Seasonal  Temporary

Are you able to meet the attendance requirements of the position?  Yes  No

Have you been convicted\* of a felony within the last 7 years?  Yes  No  
(\*Conviction will not necessarily disqualify an applicant from employment)

	S	M	T	W	T	F	S
HOURS AVAILABLE	From						
	To						

Total hours available per week \_\_\_\_\_

Date available to start work \_\_\_\_\_

## SCHOOL MOST RECENTLY ATTENDED :

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
TEACHER OR COUNSELOR \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_ GRADE AVERAGE \_\_\_\_\_  
GRADUATED?  Yes  No NOW ENROLLED?  Yes  No  
Sports or activities? \_\_\_\_\_

## MOST RECENT EMPLOYMENT :

Company \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Mgmt. ref. ck. done by \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Mgmt. ref. ck. done by \_\_\_\_\_

Do we have your permission to contact your current employer?  Yes  No

If NO, please explain: \_\_\_\_\_

## REFERENCES: (Please do not use family members)

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Please complete reverse side