SUBWAY local laws and is not warranted as such. This form may need to be modified to fit local laws and regulations.

EMPLOYMENT APPLICATION FOR GENERAL RESTAURANT WORK

FOR OFFICE USE ONLY
EMP. NO. _____
W4 _____
WORKING PAPER # _____

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 16 years of age or over? ❑ Yes ❑ No (Proof of age or a work permit may 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

		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