

This form is only provided as a service and a guide. It may not be compliant with 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 U | JSE ONLY |
|-----------------|----------|
| EMP. NO. | |
| W4 | |
| WORKING PAPER # | |

| PERSONAL INFORMATION: (please print clearly) | World Michigan Communication C | | | | |
|--|--|--|--|--|--|
| NAME | SOC. SEC. # / TAX ID NO | | | | |
| First Middle Initial Last | OTATE/DDOVINGE ZID/DOOTAL CODE | | | | |
| ADDRESSCITY | | | | | |
| TELEPHONE () Have you ever worked for SU | DBWAY®Sandwich Shop before? The Thomas Tilyes, when where? | | | | |
| Are you 16 years of age or over? | rk permit may be required.) | | | | |
| In Case of Emergency Notify: | e art New March March (New York) | | | | |
| NAMELast First | TELEPHONE () Middle Area Code | | | | |
| | _ STATE/PROVINCE ZIP/POSTAL CODE | | | | |
| | _ STATE/FROVINGE ZII/I GGTAEGGDE | | | | |
| AVAILABILITY: | | | | | |
| Are you legally able to be employed in this country? | No (If hired, verification will be required by law) | | | | |
| What type of position are you seeking? | | | | | |
| Are you able to meet the attendance requirements of the position | 1? Gres GNO | | | | |
| S M T W T F S | Tatal hours available per wash | | | | |
| HOURS From | Total hours available per week | | | | |
| AVAILABLE To | Date available to start work | | | | |
| SCHOOL MOST RECENTLY ATTENDED: | | | | | |
| NAME | ADDRESS | | | | |
| CITY | STATE TELEPHONE _() | | | | |
| TEACHED OD | LAST GRADE | | | | |
| COUNSELOR | | | | | |
| | OW ENROLLED? ☐ Yes ☐ No | | | | |
| Sportsoractivities? | | | | | |
| MOST RECENT EMPLOYMENT : | | | | | |
| Company Address | | | | | |
| City | | | | | |
| | Datesworked:From To | | | | |
| WageReason for leaving | | | | | |
| Mgmt. ref. ck. done by | | | | | |
| Company Address | | | | | |
| City | State Telephone() | | | | |
| | Dates worked: From To | | | | |
| WageReason 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: | | | | | |
| (5) (5) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6 | State | | | | |
| | Telephone: _(Years Known | | | | |
| Address City | State | | | | |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
Please complete reverse side

EMPLOYMENT TEST

(No Calculators Please)

| PART I | | For the following questions, state your answers in terms of bills and coins. |
|-----------------------------|-----------------|---|
| .89 .79 3.39 +2.79 | 10.00 -4.59 | For example, \$4.58 would be 4 dollar bills, 2 quarters, 1 nickel, and 3 pennies. 1. If the customer's order came to \$13.58 and he gave you a \$20.00 bill, what is his change? |
| | 35.25 -33.08 | 2. If the customer's order came to \$6.22 and he gave you \$20.25, what is his change? |

PART II

- A. A customer complains that he was short changed by you receiving only 13¢ change from \$2.00 instead of 31¢. What would you do?
- B. Which do you consider more important as far as a restaurant is concerned courteous, prompt service or a quality product?
- C. What do you consider to be the most important qualifications of a Subway employee?
- D. You are working alone and your shift is due to be over at 6 P.M. The individual who is scheduled to begin working at 6 P.M. does not show up. What do you do?

The Secretary of Health & Human Services has determined that certain diseases, including Hepatitus A, typhoid fever (Salmonella typhi), shigellosis (Shigella spp.), and E coli (Escherichia coli 0157:H7) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling & serving food, food service equipment and utensils in a sanitary and healthy fashion. Are you able to perform the essential functions of this job with or without a reasonable accommodation?

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED BOTH SIDES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSE INFORMATION IS GROUNDS FOR DISMISSAL. I AUTHORIZE THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE. I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

SIGNATURE

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INTERVIEWER OR REFERENCE COMMENTS _____