



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.

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 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								Total hours available per week _____
	To								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