

# JIMMY JOHN'S APPLICATION FOR EMPLOYMENT

Please Print

**THIS SIDE TO BE COMPLETED BY APPLICANT**

An Equal Opportunity Employer

PERSONAL INFORMATION														
Last Name			First Name			MI	Do you have any relatives working for this Jimmy John's store? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give name, relationship, department/location.							
Street Address				Box/Apt.	Home Phone				Cell Phone			Referred By: <input type="checkbox"/> Newspaper/Advertisement <input type="checkbox"/> Individual <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Employment Agency <input type="checkbox"/> College <input type="checkbox"/> Other		
City	State	Zip Code		Have you ever been employed by this or any other Jimmy John's store? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", please complete this line: Date of Employment			From: Mo / Yr	To: Mo / Yr	Name of Supervisor	Location	
Position Desired					Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hours Available	M	T	W	T	F	Sa	Su
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" please provide birth date. / /					From							
						To								
EDUCATION (Name and address of school)							Major	Number of Years		Diploma/Degree		Signature		
College												I understand that this application was made available on line in an effort to assist me in applying for a position with an independently owned Jimmy John's Gourmet Sub Shop. I acknowledge that this application will be made in association with the owner of the Jimmy John's Sub Shop I am applying to work for and that is the entity referred to as "Employer" on the application. I agree that I shall not file a claim, lawsuit, charge or cause of action of any kind arising out of my employment with Employer or the termination of my employment any later than the 180th day after my termination and that my agreement to shorten any applicable statute of limitations under any state or federal law is without prejudice to my rights to bring any such claim should I so choose. Upon hire, I agree that this application forms a binding contract of the terms above between myself and my employer. I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information may be grounds for dismissal in accordance with the Employers policy. I authorize the references and supervisors listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of Employer and that my employment and compensation can be terminated at any time with or without cause, at the option of either the company or myself.		
High School														
Other														
EMPLOYMENT (List most recent job first)														
Company				Address				Name of Supervisor						
Job Title/Duties Performed				Phone # (Area Code) ( )				From Mo. Yr.			To Mo. Yr.			
Reason for Leaving							Starting Pay			Ending Pay				
Company				Address				Name of Supervisor						
Job Title/Duties Performed				Phone # (Area Code) ( )				From Mo. Yr.			To Mo. Yr.			
Reason for Leaving							Starting Pay			Ending Pay				
Company				Address				Name of Supervisor						
Job Title/Duties Performed				Phone # (Area Code) ( )				From Mo. Yr.			To Mo. Yr.			
Reason for Leaving							Starting Pay			Ending Pay				
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No														
PERSONAL REFERENCES (Not former employers or relatives)														
Name				Relationship or Title				Phone # (Area Code) ( )						
Name				Relationship or Title				Phone # (Area Code) ( )						
												Signature _____		
												Date _____		