



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

What position are you seeking? Sandwich Artist®: ☐ Manager: ☐ Other: ☐ If Other, please specify: _____

Street Address: _____ Apartment Number: _____

City: _____ State/Province: _____ Zip Code/Postal Code: _____

Primary Phone Number: () _____ - _____ Alternate Phone Number: () _____ - _____

E-mail Address: _____ Contact me by: Telephone: ☐ E-mail: ☐

Have you ever worked for a Subway® restaurant before? Yes: ☐ No: ☐ If Yes, When: _____ Where: _____

Have you applied to a Subway® restaurant in the past? Yes: ☐ No: ☐ Are you 16 years or older? Yes: ☐ No: ☐

Are you legally eligible for employment in this country? (If hired, verification will be required by law) Yes: ☐ No: ☐

EMPLOYMENT DESIRED

Type of employment desired: Part Time: ☐ Full Time: ☐ Seasonal: ☐ Temporary: ☐

HOURS AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

Total hours available per week: _____

Date available to start work: ____/____/____

EDUCATIONAL BACKGROUND

School Name, City, State/Province	Did You Graduate?	Years Completed	Course of Study
High School: _____			
College: _____			
Other: _____			

EMPLOYMENT HISTORY (If applicable, please list your last 3 employers, beginning with your most recent)

<p>Employer: _____ Street Address: _____</p> <p>Job Title: _____, Supervisor, Title: _____</p> <p>Phone Number: () _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____</p> <p>Rate/Salary: Start: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/> End _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/></p> <p>Reason for leaving: _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Applicable: <input type="checkbox"/></p>
<p>Employer: _____ Street Address: _____</p> <p>Job Title: _____, Supervisor, Title: _____</p> <p>Phone Number: () _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____</p> <p>Rate/Salary: Start: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/> End _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/></p> <p>Reason for leaving: _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Applicable: <input type="checkbox"/></p>
<p>Employer: _____ Street Address: _____</p> <p>Job Title: _____, Supervisor, Title: _____</p> <p>Phone Number: () _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____</p> <p>Rate/Salary: Start: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/> End _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/></p> <p>Reason for leaving: _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Applicable: <input type="checkbox"/></p>

REFERENCES (2 professional and 1 personal. Personal may be a family member)

Professional: _____	Relation: _____	Phone Number: () _____ - _____	Years Known: _____
Professional: _____	Relation: _____	Phone Number: () _____ - _____	Years Known: _____
Personal: _____	Relation: _____	Phone Number: () _____ - _____	Years Known: _____

Skills and Qualifications

Please list special skills and qualifications that you have acquired from past employment opportunities or other experiences that you feel qualify you for work in a Subway® restaurant.

Tell Us About Yourself

Please provide some of your hobbies and interests. What do you like to do outside of work?

Employment Test

Please answer the following questions.

1. This job requires money handling. On a scale of 1 to 5 with 5 being excellent, how would you rate your money handling skills? _____. (If selected, you may be asked to do some on the spot calculations to advance in the interview process.)

2. Your shift is over at 5PM and the individual who is scheduled to relieve you does not show up. You have personal plans at 5:30PM. What do you do?

3. You've caught a co-worker stealing 5 dollars. How would you handle this situation?

4. Your best friends enter the restaurant and ask you to give them free food. What action would you take?

Uniform Policy/Personal Hygiene

Guests frequently judge a restaurant by observing the appearance and behaviors of the team members serving them. By following the uniform policy and personal hygiene guidelines, we can promote a strong brand image while minimizing the risk of foodborne illness.

Uniform: Any person functioning as a team member must wear the complete approved uniform at all times when working. The uniform consists of Uniform Shirt, Apron, Pants/Shorts/Skirt, Headcovering, Shoes, and Name Tag. All Components of the uniform must always look professional, clean, and free from fading, holes, and stains. It may not be modified in any way.

Cleanliness: Team members must bathe daily and have clean hair, skin, hands, teeth, and clothes. Hair must be clean, neatly combed, short (not touching the collar), or restrained. Mustaches and beards, if allowed by local regulations, must be short and neatly trimmed.

Fingernails: Team members must keep their fingernails clean and trimmed, filed and maintained so the edges and surfaces are cleanable. Nail polish/paint and artificial nails are allowed provided that they are kept clean and in good condition. No additional nail ornamentation is allowed.

Jewelry:

- One plain ring and one non-dangling bracelet or wristwatch may be worn.
- Plain necklaces, if worn, must be worn inside the uniform.
- Piercings: Non-dangling jewelry or gauges may be worn in the ears and one small, non-dangling facial piercing is allowed. Bandages cannot be placed over jewelry.
- Only approved promotional buttons and professionally-made name tags may be worn. These must be worn on the uniform shirt or hat.
- Excessive make-up and heavy perfume may not be worn.

Cleaning Procedures: Team members must wash their hands with soap and water and dry them thoroughly before starting work, and repeatedly throughout the day. They need to vigorously rub together the surfaces of their lathered hands and arms for at least 20 seconds and thoroughly rinse with clean running water. Team members must pay particular attention to the areas underneath the fingernails and between the fingers. After washing hands, dry using single-service towels.

Team members must also wash their hands after the following activities (this list includes but is not limited to):

1. Before returning from the restroom
2. Before putting on gloves
3. After cleaning assignments such as sweeping and mopping
4. After coming in contact with any cleaning product and/or chemical
5. After handling money or any other non-food item
6. After touching hair, face, skin or clothes
7. After coughing, sneezing, using a handkerchief or disposable tissue
8. After using tobacco, eating or drinking
9. Before and after treating a cut or wound
10. After handling garbage
11. In between preparing different food products

Smoking: Team members must not smoke or use tobacco in any form while working in the food storage and preparation areas or in areas where utensils are cleaned or stored.

Illness: Team members must report all illnesses to the manager of the restaurant before working with food. If team members become ill or injured while working, they must report their condition to the manager or supervisor immediately. If a team member's condition could possibly contaminate food or equipment, he/she must stop working and see a doctor. If a team member must take medication while working, the medicine must be stored with their personal belongings away from areas where food is prepared, served and stored.

Management must excuse a team member from working when diagnosed with a foodborne illness, or if they have one of the following symptoms (this list includes but is not limited to): Fever, Diarrhea, Vomiting, Sore Throat, and Jaundice (yellow skin and eyes). Please check with your local Health Department or regulatory agency for a complete list of symptoms.

Team members can contaminate food at every step in its flow through the restaurant. Good personal hygiene is a critical protective measure against contamination and foodborne illness.

Please Read the Section Below Carefully Before Signing

I certify that I have read and fully completed this form 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 understand that as part of the procedure for my application for employment, I give the Employer the right to investigate all references listed and the right to secure additional information about me, if job related. I agree that my signature on this application is binding and enforceable. I acknowledge and agree that by signing this application, I waive all rights to dispute the validity of my signature on this application.

Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability, veteran's status and other protected classes. It is this franchisee's responsibility to comply fully with these laws, as applicable.

I acknowledge that I am applying for employment with an independently owned and operated Subway® franchise, a separate company and employer from Doctor's Associates Inc. and Subway ~ Franchise Systems of Canada Ltd and any of their affiliates.

Signature of Applicant: _____ Date: ____/____/____