

APPLICATION FOR EMPLOYMENT WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOUNDED BY FIREMEN

POSITION(S) APPLIED FOR				[DATE		
APPLICANT'S NAME			SOCIAL SECURI	TY			
FIRST ADDRESS	MI LAST						
ADDRESS							
STREET	CI	ΤΥ	STA	TE 2	ZIP CO	DE	
TELEPHONE	CELL		DRIVER'S LICEN	ISE			
						······································	
ARE YOU LEGALLY ELIGIBLE FOR	EMPLOYMENT IN THIS COUNT	RY?		YES		NO	
ARE YOU AT LEAST 18 YEARS OF	AGE?			YES		NO	
TYPE OF EMPLOYMENT DESIRED	FULLTII	ме 🗆	PART TIME	T	EMPO	RARY	
DATE AVAILABLE FOR WORK							
DAYS AND HOURS AVAILABLE TO) WORK						
ARE YOU AVAILABLE TO WORK O	VERTIME IF REQUIRED?			YES		NO	
ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?						NO	П
ARE TOO ON EAT-OFF AND SOBSI	ECT TO RECALL:			YES		140	_
ANSWERING YES TO 1	THE FOLLOWING WILL NOT	NECESSARILY	DISQUALIFY YOU FRO	M EMPL	OYM	ENT.	
HAVE YOU BEEN CONVICTED OF,		R NOLO CONTEN	IDERE	YES	П	NO	П
TO A CRIME WITHIN THE PAST 7 \	reaks?			YES	Ш	NO	Ч
HAVE YOU EVER BEEN CHARGED WITH A CRIME AND EITHER PLACED ON A COURT-ORDERED PROBATION, HAD ADJUDICATION WITHHELD, OR ENTERED A PRE-TRIAL INTERVENTION PROGRAM?						NO	
IF YES TO EITHER OF THE PREVIO	US TWO OUESTIONS, GIVE DE	TAILS (Date, place	e. offense(s). etc.)				
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							······
EDUCATIONAL BACKGRO	OUND						
EDOCATIONAL DACKON	SOND						

	NAME & LOCATION	YEARS COMPLETED	DIPLOMA/DEGREE
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
OTHER			

EMPLOYMENT HISTORY

Signature

LIST YOUR LAST THREE EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES STARTING WITH THE MOST RECENT

Date

DATES EN	MPLOYED	EMPLOYER NAME, CITY AND STATE	TELEPHONE	REASON FOR LEAVING			
FROM	то						
month/year	month/year						
PAY	RATE	POSITION AND JOB RESPONSIBILITIES	SUPERVISOR & TITLE	MAY WE CONTACT THEM?			
START	FINAL						
	MPLOYED	EMPLOYER NAME, CITY AND STATE	TELEPHONE	REASON FOR LEAVING			
FROM month/year	TO month/year						
month, year	month/year						
PAY	RATE	POSITION AND JOB RESPONSIBILITIES	SUPERVISOR & TITLE	MAY WE CONTACT THEM?			
START	FINAL						
DATES EN	MPLOYED	EMPLOYER NAME, CITY AND STATE	TELEPHONE	REASON FOR LEAVING			
FROM	то						
month/year	month/year						
PAY	RATE	POSITION AND JOB RESPONSIBILITIES	SUPERVISOR & TITLE	MAY WE CONTACT THEM?			
START	FINAL						
HAVE YOU EVER WORKED FOR FIREHOUSE SUBS? YES \(\Boxed{1}\) NO \(\Boxed{1}\) IF YES, WHEN AND WHERE? HAVE YOU SERVED IN THE UNITED STATES MILITARY? YES \(\Boxed{1}\) NO \(\Boxed{1}\)							
ARE YOU C	URRENTLY	SERVING IN THE RESERVES OR NATIONAL GUARD?		YES □ NO □			
HAVE YOU	HAVE YOU HAD ANY COMPUTER OR WORD PROCESSING EXPERIENCE OR TRAINING? YES NO						
1.5 IN L. 100 1.50 ART COM OTER OR WORD I ROCESSING EN ENERGE OR TRAINING:							
CHECK THE	SOFTWAR	E YOU ARE FAMILIAR WITH WORD 🗆 OUT	LOOK EXCEL	OTHER			
		PLEASE READ CAREFULLY - EMPLOYMENT A	PPLICATION CERTIFICA	ATION			
I certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions will be considered cause for dismissal. Firehouse Subs is hereby authorized to conduct any verification of my personal, employment, education, credit and motor vehicle records, and to receive any information from the criminal justice agency in any state. I authorize listed previous employers and submitted references to give Firehouse Subs or its designated agent any and all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise. I release all such parties from any liability that may allegedly arise from furnishing such information to Firehouse Subs including, but not limited to, any liability for defamation or invasion of privacy.							
If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation. If my application is accepted for employment, I understand that the first ninety (90) days is an introductory period and I understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either Firehouse Subs or myself. I understand that no leader or other representative of Firehouse Subs other than the president of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I certify that I have read, understand and agree with the above.							