

## APPLICATION FOR EMPLOYMENT WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## FOUNDED BY FIREMEN

**ELEMENTARY SCHOOL** 

HIGH SCHOOL
COLLEGE
OTHER

POSITION(S) APPLIED FOR				DATE		
					······	
APPLICANT'S NAME	Υ					
	MI LAST					
ADDRESS						
STREET	CITY	STAT		ZIP CO		
TELEPHONE	CELL	DRIVER'S LICENS	E			
ARE YOU LEGALLY ELIGIBLE FOR EMPLO	YMENT IN THIS COUNTRY?		YES		NO	
ARE YOU AT LEAST 18 YEARS OF AGE?			YES		NO	
TYPE OF EMPLOYMENT DESIRED	FULL TIME	PART TIME	T	EMPOI	RARY	
DATE AVAILABLE FOR WORK						
DAYS AND HOURS AVAILABLE TO WORK	·					
ARE YOU AVAILABLE TO WORK OVERTIME IF REQUIRED?					NO	
ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?					NO	
ANSWERING YES TO THE FO	LLOWING WILL NOT NECESS	ARILY DISQUALIFY YOU FRO	M EMPL	.OYMI	ENT.	
HAVE YOU BEEN CONVICTED OF, PLEAD	GUILTY, NO CONTEST OR NOLO C	ONTENDERE				
TO A CRIME WITHIN THE PAST 7 YEARS?			YES		NO	
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	Е
IF YES TO EITHER OF THE PREVIOUS TWO	O QUESTIONS, GIVE DETAILS (Date	e, place, offense(s), etc.)				
EDUCATIONAL BACKGROUND	1					
	NAME & LOCATION	VEARS COMPLETED	DIDI OM	A/DEG	RFF	

## **EMPLOYMENT HISTORY**

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

DATES EMPLOYED		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	FOSITION AND JOD RESPONSIBILITIES	SOFERVISOR & ITTEL	MAT WE CONTACT THEM:				
DATES E	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							
DATES E	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							
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 \( \Doxed{1}\) NO \( \Doxed{1}\)								
ARE YOU CURRENTLY SERVING IN THE RESERVES OR NATIONAL GUARD?  YES NO								
HAVE YOU HAD ANY COMPUTER OR WORD PROCESSING EXPERIENCE OR TRAINING?  YES  NO								
CHECK THE SOFTWARE YOU ARE FAMILIAR WITH WORD □ OUTLOOK □ EXCEL □ OTHER								
CHECK IIII	25011117111		ilook 🗀 ixeli l					
		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.								
Signature			Date					