

Employment Application



An Equal Opportunity Employer

Store Stamp

Please Print Clearly

Personal Information	Last Name		First Name		MI	Date of Application / /		Time a.m. p.m.	
	Street Address			Box/Apt.	Home Phone		Referred By:		
	City			State	Zip Code	Cell Phone		<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet <input type="checkbox"/> College <input type="checkbox"/> Government Agency <input type="checkbox"/> Sign <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee (Name _____)	
	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, birth date ___/___/___)					Have you ever been employed by Mr. Subb? When? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Email address					In the last 7 years, have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	The best time to contact you or follow up					This job requires some lifting. Can you do that? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Availability	Salary Desired /Hr	Hours Available From	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Date you can start _____	
	/Wk		To								Any difficulty working holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Total Hours desired/Week _____									Any reservations on working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you Attend School? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Hours From	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Can you work at other Mr. Subb locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			To							Any restrictions that prevent you from working overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education	School Name	Subjects Studied	No. of years attended	Did you graduate?	Years completed	Activities	Civic, Athletic, School, etc.
	College						
	High School						
	Other/G.E.D.						
	Do you plan to continue your education? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain			

Employment	Company	Address		Name of Supervisor			
	Job Title, describe duties	Average No. of hours worked per week	Phone No. ()	From Mo	Yr	To Mo	Yr
	Reason for leaving						
(List most recent job first)	Company	Address		Name of Supervisor			
	Job Title, describe duties	Average No. of hours worked per week	Phone No. ()	From Mo	Yr	To Mo	Yr
	Reason for leaving						
Employment	Company	Address		Name of Supervisor			
	Job Title, describe duties	Average No. of hours worked per week	Phone No. ()	From Mo	Yr	To Mo	Yr
	Reason for leaving						
May we contact your present employer? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							

I certify that the information in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Mr. Subb 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 liabilities for any damages that may result from furnishing same to you. I understand and agree that my employment relationship with Mr. Subb may be terminated either by me or by Mr. Subb at any time for any reason, without prior notice to the other party, and that no written or oral policy of Mr. Subb concerning continued employment is now or will be intended to constitute an express or implied contract. Wages, benefits and other terms and conditions of employment may be changed from time to time at the discretion of Mr. Subb. It is further understood that there are not now and will not in the future be any express or implied contractual terms of continued employment between Mr. Subb and me, unless such terms are set forth in writing, signed both by me and the President of Mr. Subb, Inc.

Signature _____

Date _____

For Office Use Only

Called _____ Called _____ Interview _____
 Called _____ Called _____ 2nd Interview _____