

EMPLOYMENT APPLICATION

PERSONAL INFORMATION: (please print clearly)



Today's Date _____

NAME _____
First Middle Last

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE () _____ CELL PHONE () _____

Are you at least: 16 years old? Yes No 17 years old? Yes No (A work permit may be required)

Are you age 18 or older? Yes No (Applicants for Driving Positions require an additional form to be completed)

Are you able to lift 100 pounds? Yes No Are you able to lift 30 pounds? Yes No

Do you have a: Driver's license? Yes No Chauffer's license? Yes No CDL? Yes No

Do you have an excellent driving record? Yes No > please explain _____

AVAILABILITY:

Are you legally able to be employed in this country? Yes No (If hired, verification is required by law)

What type of position are you seeking? Part time Full time Seasonal Temporary

For which company are you applying (use 1, 2 & 3 if two or more)? Big Bear Northwoods Subway

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted* of a felony within the last 7 years? Yes No

*(Conviction will not necessarily disqualify an applicant from employment)

| | | | | | | | | | |
|-----------------|------|---|---|---|---|---|---|---|------------------------------|
| HOURS AVAILABLE | From | S | M | T | W | T | F | S | Date Available _____ |
| | | | | | | | | | |
| | To | | | | | | | | Date unavailable after _____ |

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TEACHER/ _____ LAST GRADE _____ GRADE _____

COUNSELOR _____ COMPLETED _____ AVERAGE _____

GRADUATED? Yes No CURRENTLY ENROLLED? Yes No

SPORTS AND ACTIVITIES? _____

MOST RECENT EMPLOYMENT:

REQUIRED: Please list other employment covering the past 7 years on a separate sheet.

Company _____ Address _____

City _____ State _____ Telephone () _____

Position _____ Supervisor _____ Dates worked from/to _____

Wage _____ Reason for leaving _____

OFFICE ONLY > Mgmt. ref. ck. done by _____

Company _____ Address _____

City _____ State _____ Telephone () _____

Position _____ Supervisor _____ Dates worked from/to _____

Wage _____ Reason for leaving _____

OFFICE ONLY > Mgmt. ref. ck. done by _____

Do we have permission to contact your current employer? Yes No

If NO, please explain: _____

REFERENCES: (Please do not use family members)

Name _____ Telephone () _____ Years known _____

Address _____ City _____ State _____

Name _____ Telephone () _____ Years known _____

Address _____ City _____ State _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT TEST

(No Calculators Please)

PART I

| | |
|--------------|---------------|
| 0.89 | 10.00 |
| 0.79 | <u>-4.59</u> |
| 3.39 | |
| <u>+2.79</u> | |
| | 35.25 |
| | <u>-33.08</u> |

For the following questions, state your answers in terms of bills and coins.
For example, \$4.58 would be 4 dollar bills, 2 quarters, 1 nickel, and 3 pennies.

1. If the customer's order came to \$13.58 and he gave you a \$20.00 bill, what is his change?
2. If the customer's order came to \$6.22 and she gave you \$20.25, what is her change?

PART II

- A. A customer complains that he was short changed by you receiving only 13 cents change from \$2.00 instead of 31 cents. What would you do?
- B. Which do you consider more important as far as a restaurant is concerned - courteous, prompt service or a quality product?
- C. What do you consider to be the most important qualification of an employee?
- D. You are working alone and your shift is due to be over at 6:00 P.M. The individual who is scheduled to begin working at 6 P.M. does not show up. What do you do?

The Secretary of Health and Human Services has determined that certain diseases, including Hepatitis A, typhoid fever (Salmonella typhi), shigellosis (Shigella spp.), and E. coli (Escherichia coli 0157:H7) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? YES NO If yes, explain: _____

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED BOTH SIDES OF THIS APPLICATION 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 AUTHORIZE THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE. I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

INTERVIEWER OR REFERENCE COMMENTS _____

