

FAST FOODIES DBA JIMMY JOHN'S – APPLICATION FOR EMPLOYMENT

Please Print

THIS SIDE TO BE COMPLETED BY APPLICANT

An Equal Opportunity Employer

PERSONAL INFORMATION													
Last Name		First Name		MI	Do you have any relatives working for this Jimmy John's store? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give name, relationship, department/location.								
Street Address			Box/Apt.	Home Phone			Cell Phone			Referred By: <input type="checkbox"/> Newspaper/Advertisement <input type="checkbox"/> Individual <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Employment Agency <input type="checkbox"/> College <input type="checkbox"/> Other			
City	State	Zip Code	Have you ever been employed by this or any other Jimmy John's store? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", please complete this line: Date of Employment			Mo	Yr	Mo	Yr	Name of Supervisor	Location
Position Desired			Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hours Available	M	T	W	T	F	Sa	Su	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain: Criminal convictions must be disclosed on this application and will be considered prior to an offer of employment only as applicable to the position applied for and the date and nature of the crime. Fast Foodies does not take into consideration for the basis of employment the fact of an arrest or criminal history record information ordered expunged, sealed or impounded.
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" please provide birth date. / /		From									
EDUCATION (Name and address of school)					Major	Number of Years			Diploma/Degree			Signature	
College												I understand that this application was made available in an effort to assist me in applying for a position with an independently owned Jimmy John's Gourmet Sub Shop. I acknowledge that this application will be made in association with the owner of the Jimmy John's Sub Shop I am applying to work for and that is the entity referred to as "Employer" on the application. I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that falsification of this information may be grounds for dismissal in accordance with the Employers 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 liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of Employer and that my employment and compensation can be terminated at any time with or without cause, at the option of either the company or myself. If hired, I understand that my employment is at will.	
High School													
Other													
EMPLOYMENT (List most recent job first)													
Company			Address			Name of Supervisor							
Job Title/Duties Performed			Phone # (Area Code) ()			From Mo. Yr.			To Mo. Yr.				
Reason for Leaving						Starting Day			Ending Day				
Company			Address			Name of Supervisor							
Job Title/Duties Performed			Phone # (Area Code) ()			From Mo. Yr.			To Mo. Yr.				
Reason for Leaving						Starting Day			Ending Day				
Company			Address			Name of Supervisor							
Job Title/Duties Performed			Phone # (Area Code) ()			From Mo. Yr.			To Mo. Yr.				
Reason for Leaving						Starting Day			Ending Day				
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No													
PERSONAL REFERENCES (Not former employers or relatives)													
Name			Relationship or Title			Phone # (Area Code) ()			Signature _____				
Name			Relationship or Title			Phone # (Area Code) ()			Date _____				