



This form is only provided as a service and a guide. It may not be compliant with local laws and is not warranted as such. This form may need to be modified to fit local laws and regulations.

FOR OFFICE USE ONLY	
EMP. NO.	_____
W4	_____
WORKING PAPER#.	_____

## EMPLOYMENT APPLICATION

FOR GENERAL RESTAURANT WORK

**PERSONAL INFORMATION:** (please print clearly)

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
First Middle Initial Last  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_

Are you 18 years of age or over?  Yes  No  
(Proof of age or a work permit may be required)

Have you ever worked for a Sandwich Shop before?  Yes  No

If yes, when/where? \_\_\_\_\_

**In Case of Emergency Notify:**

NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
First Middle Initial Last  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**AVAILABILITY:**

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

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

Do you have any criminal convictions?  Yes  No Do you now or have you served in the military?  Yes  No

Desired Schedule		S	M	T	W	T	F	S	Date available to start work _____
From									
To									

**SCHOOL MOST RECENTLY ATTENDED / ATTENDING:**

NAME \_\_\_\_\_ NOW ENROLLED?  Yes  No  
 LAST GRADE COMPLETED \_\_\_\_\_ GPA \_\_\_\_\_ GRADUATED?  Yes  No  
 Sports, activities or special skills? \_\_\_\_\_

**MOST RECENT EMPLOYMENT:**

Company \_\_\_\_\_ Location \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

OG Subs Mgmt. ref. ck. done by \_\_\_\_\_

Do we have your permission to contact your most recent employer?  Yes  No

If NO, please explain: \_\_\_\_\_

**REFERENCES:** (Please do not use family members)

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_  
 Relationship \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**  
Complete the Employment Test as part of this application

# EMPLOYMENT TEST



## Restaurant Related Questions

Do you have any experience using a slicer?  Yes  No If yes, when \_\_\_\_\_

Are you comfortable handling knives or using a slicer?  Yes  No

Name five things an OG employee should wash their hands after doing? \_\_\_\_\_

If the shop is not busy and your shift is over at 5 p.m., then at 4:55 a line of 10 or more hungry customers walk in what do you do next? \_\_\_\_\_

## Math related questions (No Calculators Please)

$\$12.02 - \$4.79 =$  \_\_\_\_\_

$3 + 2 \times 4 =$  \_\_\_\_\_

A customer's total is \$10.76. He hands you a \$10 bill a \$5 bill and one penny. What is his change? \_\_\_\_\_

**Analytical and Cognitive thinking** "for fun only"! Try your best or leave it blank, it does not affect your application.

If you are in a race and you pass the person in second place, what place are you now in? \_\_\_\_\_

Pointing at an old man, a girl says, his son is my son's uncle. How is the girl related to the old man? \_\_\_\_\_

Sara's mother has 3 daughters. One is named April the others name is May, what is the third daughter's name? \_\_\_\_\_

The Secretary of Health & Human Services has determined that certain diseases, including Hepatitis A, typhoid fever (*Salmonella typhi*), shigellosis (*Shigella* spp.), and E coli (*Escherichia coli* 0157:H?) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling & serving food, food service equipment and utensils in a sanitary and healthy fashion. Are you able to perform the essential functions of this job with or without a reasonable accommodation?  YES  NO If no, 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.**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY - INTERVIEWER OR REFERENCE COMMENTS**