



Employment Application

Please Note!

Federal law prohibits discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. Miami Subs Grill is an equal opportunity employer and your response to any question will not be used as a basis or discrimination.

Please print all responses.

Position Applying for:	Location Applying at:	Date of Application:

Personal Information

Name:		Social Security Number:
Home Address: (Apt. #, City, State, Zip Code)		
Home Telephone:	Work Telephone:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:		
In case of emergency, who should be notified?	Name:	Phone Number:

General Information

Are you 18 or older? Yes No If not, date of birth: _____ Please Note: The minimum age of employment in a Miami Subs Grill will vary from state to state.

Are you a citizen of the United States? Yes No If not, do you have a legal right and necessary documents to work in the United States? Yes No

Days and hours available for work:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

On what date would you be available to work? _____ Starting salary desired: _____

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Have you ever been bonded? Yes No If yes, on what jobs? _____

Have you ever been convicted of a crime, excluding minor traffic offenses? Yes No If yes, please explain: _____

Education

School Name and Location:	Number of Years Attended:	Did you Graduate?	Degree/Area of Study:
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employment History

List employment history starting with the most recent employer. Include summer and part-time jobs and military experience.

Dates	Name and Address of Employer	Position held and Supervisor	List Major Duties	Salary or Wages	Reason for Leaving
From: _____ mo. yr.	Name _____ Address _____ City _____ State _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo. yr.	Phone (including area code) _____				
From: _____ mo. yr.	Name _____ Address _____ City _____ State _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo. yr.	Phone (including area code) _____				
From: _____ mo. yr.	Name _____ Address _____ City _____ State _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo. yr.	Phone (including area code) _____				
From: _____ mo. yr.	Name _____ Address _____ City _____ State _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo. yr.	Phone (including area code) _____				

Have you previously worked for Miami Subs Grill or any of its franchisees? Yes No If "Yes," please provide the following information:

Name	Location
City & State	Position Held
Supervisor	Dates Employed: From _____ To _____
Reason for leaving	

References

Business references: (do not list relatives) (please indicate if you were employed under a different name)				
Name	Address	Work Phone # (including area code)	Title	Years known

Please read carefully:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as riary be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee anytime with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged In writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I agree to submit, at any reasonable time during my employment, and without notice, to a drug and/or alcohol screening test. I understand that refusal to take a requested drug and/or alcohol screening may result in discharge. I further understand that, if employed, a positive test result may also result in immediate discharge.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for a reasonable accommodation that would be required by the American with Disabilities Act.

I have read, understand the foregoing, and by my signature below, I accept the above terms and conditions, if I am offered a position.

Applicant's Signature: _____

Date Signed: _____