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|  DATE OF APPLICATION |
| MONTH | DAY | YEAR |
|  |  |  |

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| ***GENERAL INFORMATION*** |
| HAVE YOU EVER WORKED FOR THIS COMPANY, OR ANY OF ITS SUBSIDIARIES OR FRANCHISES? YES [ ]  NO [ ]  |
| IF YES, WHEN:  |   | WHERE: |  |  |
| SUPERVISOR’S NAME:  | REASON FOR LEAVING: |
| ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS FOR WHICH YOU ARE APPLYING?YES [ ]  NO [ ]  |
| HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST SEVEN YEARS? *A “YES” answer does not automatically disqualify you from employment with the company.*YES [ ]  NO [ ]  *If yes, please describe in full.*  |
| “Pursuant to Public Act 93-0211, effective 1, 2004. (20 ILCS 2630/12 A) applicants seeking employment with the State of Illinois are not obligated to disclose an arrest or conviction record that has beenexpunged or sealed. Employers may not ask if an applicant has had records expunged or sealed. Public Act 93-0211 does not apply to law enforcement agencies, Department of Corrections, State’sAttorneys or other prosecutors.” |
| IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES PRIOR TO STARTING WORK? YES [ ]  NO [ ]  |

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| ***EMPLOYMENT DESIRED*** |
| WHAT TYPE OF WORK ARE YOU INTERESTED IN? | WAGE DESIRED? |
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| ARE YOU CURRENTLY EMPLOYED? YES [ ]  NO [ ]  | IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES [ ]  NO [ ]  |

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| ***PERSONAL INFORMATION*** |
| LAST NAME |  FIRST |  MIDDLE | HOME PHONE | CELL PHONE |
|  |  |  | ( ) | ( ) |
| ADDRESS |  CITY |  STATE | ZIP CODE | DAYTIME/MESSAGE |
|  |  |  |  | ( ) |
| IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK? YES [ ]  NO [ ]  NOT APPLICABLE [ ]  |

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| ***AVAILABILITY*** |
| ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT OR WILL NOT WORK? YES [ ]  NO [ ]  | WILL YOU WORK OVERTIME IF ASKED? YES [ ]  NO [ ]  |
| IF YES, WHEN? |  |  |   |  |
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| **Please indicate the times you are available for work each day.** |
| **DAY** | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| **FROM** |  |  |  |  |  |  |  |
| **TO** |  |  |  |  |  |  |  |
| Total hours available per week: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work schedules may vary fro week to week and occasionally employees are asked to stay late, leave early, or come in on a scheduled day off. |

 **CREW MEMBER/SHIFT LEADER EMPLOYMENT APPLICATION**

* It is the company’s policy to provide equal employment opportunity in conference with all applicable laws.
* In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is

conditional upon satisfactory proof of applicant’s identity and legal ability to work in the United States.

**Valley Subs of Arizona, L.L.C.**

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| ***EDUCATIONAL HISTORY*** |
| SCHOOL | NAME / CITY AND STATE | LEVEL OR YEARS COMPLETED | MAJOR | TYPE OF DEGREE ORCERTIFICATE |
| HIGH SCHOOL |  | 1 [ ]  2 [ ]  3 [ ]  4 [ ]  |  |  |
| COLLEGES/OTHER SCHOOLS |  | 1 [ ]  2 [ ]  3 [ ]  4 [ ]  |  |  |
| COLLEGES/OTHER SCHOOLS |  | 1 [ ]  2 [ ]  3 [ ]  4 [ ]  |  |  |
|  An Equal Opportunity Employer |   |

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| ***PLEASE READ AND SIGN BELOW*** |
| I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORATION THAT THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE COMPANY AS WELL AS FROM THE USE OR DISCLLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMLOYEES, OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL, OMISSION OR INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL FROM EMPLOYMENT.I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. I UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS “AT-WILL” MEANING THAT THE TERMS AND CONDITIONS OF EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT NOTICE, WITH OR WITHOUT CAUSE, INCLUDING, BUT NOT LIMITED TO, TERMINATION, DEMOTION, PROMOTION, COMPENSATION, BENEFITS, DUTIES, AND LOCATION OF WORK. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY. |

APPLICANT’S SIGNATURE: ­­­­­­­­­ DATE :

 (Type if sent electronically) An Equal Opportunity Employer

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| ***DRUG AND ALCOHOL POLICY*** |
| THE COMPANY HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR ITS EMPLOYEES, CUSTOMERS AND VISITORS. THEREFORE, THE COMPANY PROHIBITS THE USE OF, POSSESSION OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OR, TRAFFICKING IN, AND WORKING OR REPORTING FOR WORK UNDER THE INFULENCE OF INTOXICANTS, DRUGS OR CONTROLLED OR ILLEGAL SUBSTANCES. APPLICATIONS FOR EMPLOYMENT MAY UNDERGO A POST-OFFER, PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING AS A CONDITION OF EMPLOYMENT. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS. |

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| PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT |
| FROM:MO YR | FROM:MO YR | HOW DID YOU SPEND YOUR TIME? |
| FROM:MO YR | FROM:MO YR | HOW DID YOU SPEND YOUR TIME? |

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| --- | --- | --- |
| FROMMO YR | TOMO YR | EMPLOYERS NAME |
| COMPLETE ADDRESS (STREET NO, CITY, STATE AND ZIP CODE) |
| START PAY$ PER | ENDING PAY$ PER | YOUR JOB TITLE | IMMEDIATE SUPERVISOR | AREA CODE AND PHONE #( ) |
| DESCRIPTION OF DUTIES: |
| REASON FOR LEAVING | MAY WE CONTACT?YES [ ]  NO [ ]  |

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| FROMMO YR | TOMO YR | EMPLOYERS NAME |
| COMPLETE ADDRESS (STREET NO, CITY, STATE AND ZIP CODE) |
| START PAY$ PER | ENDING PAY$ PER | YOUR JOB TITLE | IMMEDIATE SUPERVISOR | AREA CODE AND PHONE #( ) |
| DESCRIPTION OF DUTIES: |
| REASON FOR LEAVING | MAY WE CONTACT?YES [ ]  NO [ ]  |

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| --- | --- | --- |
| FROMMO YR  | TOMO YR | EMPLOYERS NAME |
| COMPLETE ADDRESS (STREET NO, CITY, STATE AND ZIP CODE) |
| START PAY$ PER | ENDING PAY$ PER | YOUR JOB TITLE | IMMEDIATE SUPERVISOR | AREA CODE AND PHONE #( ) |
| DESCRIPTION OF DUTIES: |
| REASON FOR LEAVING | MAY WE CONTACT?YES [ ]  NO [ ]  |

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| ***EMPLOYMENT HISTORY*** |
| **PLEASE READ CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST TEN YEARS.****INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE, ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED BELOW.****YOU MAY ATTACH A RESUME, HOWEVER THE APPLICATION MUST BE COMPLETED IN FULL** |