



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

### CREW MEMBER/SHIFT LEADER EMPLOYMENT APPLICATION

DATE OF APPLICATION

MONTH	DAY	YEAR

- 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.

#### 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 <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>				

#### EMPLOYMENT DESIRED

WHAT TYPE OF WORK ARE YOU INTERESTED IN?	WAGE DESIRED?
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

#### AVAILABILITY

ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT OR WILL NOT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	WILL YOU WORK OVERTIME IF ASKED? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, WHEN?	

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 from week to week and occasionally employees are asked to stay late, leave early, or come in on a scheduled day off.							

#### GENERAL INFORMATION

HAVE YOU EVER WORKED FOR THIS COMPANY, OR ANY OF ITS SUBSIDIARIES OR FRANCHISES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NO <input type="checkbox"/> 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 been expunged 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's Attorneys or other prosecutors."	
IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES PRIOR TO STARTING WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	

#### EDUCATIONAL HISTORY

SCHOOL	NAME / CITY AND STATE	LEVEL OR YEARS COMPLETED	MAJOR	TYPE OF DEGREE OR CERTIFICATE
HIGH SCHOOL		1 2 3 4		
COLLEGES/ OTHER SCHOOLS		1 2 3 4		
COLLEGES/ OTHER SCHOOLS		1 2 3 4		

.....An Equal Opportunity Employer

Valley Subs of Arizona, L.L.C. Application  
Revised 9/2015

## 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**

FROM MO                      YR	TO MO                      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	

FROM MO                      YR	TO MO                      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	

FROM MO                      YR	TO MO                      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	

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?

## 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 INFLUENCE 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.

## 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 INFORMATION 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 DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, 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 \_\_\_\_\_