

# JIMMY JOHN'S APPLICATION FOR EMPLOYMENT

THIS SIDE TO BE COMPLETED BY APPLICANT

Please Print

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			From: Mo / Yr	To: Mo / Yr	Name of Supervisor		Location
Position Desired				Employment Desired		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:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		From	To							Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
												If "Yes" please provide birth date. / /		
EDUCATION (Name and address of school)						Major	Number of Years	Diploma/Degree			Signature			
College											I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Jimmy John's Franchise, LLC. 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. I understand that no representative of Employer other than the President has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.			
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 Pay			Ending Pay				
Company				Address				Name of Supervisor						
Job Title/Duties Performed				Phone # (Area Code) ( )				From Mo. Yr.			To Mo. Yr.			
Reason for Leaving							Starting Pay			Ending Pay				
Company				Address				Name of Supervisor						
Job Title/Duties Performed				Phone # (Area Code) ( )				From Mo. Yr.			To Mo. Yr.			
Reason for Leaving							Starting Pay			Ending Pay				
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) ( )						
Name				Relationship or Title				Phone # (Area Code) ( )						