



## Employee Application

**Applicant's Name:** \_\_\_\_\_  
First M.I. Last

### An Equal Opportunity Employer

Real Subs, LLC, (the Company) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections*

### Applicant Information

Current Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Are You Applying For?

- Regular part-time work?  Y or  N
- Regular full-time work?  Y or  N

What days and hours are you available for work? \_\_\_\_\_  
If applying for temporary work, when will you be available? \_\_\_\_\_  
If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Additional Information

Do you speak, write or understand any foreign languages?  Y or  N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be. \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?  Y or  N

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Employment History**

Are you currently employed?  Y or  N

If you are currently employed, may we contact your current employer?  Y or  N

Below, please describe past and present employment positions, dating back **five (5) years**. Please account for all periods of unemployment.

**Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references?  Y or  N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references?  Y or  N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references?  Y or  N



**References**

List three people who have knowledge of your work performance within the last four years. Please include professional references only.

Name (First, Last): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name (First, Last): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name (First, Last): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice by the Company.

\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_



**Availability**

Can you work on the weekends?  Y or  N

Can you work evenings?  Y or  N

Are you available to work overtime?  Y or  N

**Personal Information**

Have you ever applied to / worked for Company before?  Y or  N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends or relatives working for Company?  Y or  N

If yes, state name & relationship: \_\_\_\_\_

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)

Y or  N

If hired, are you able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?

Y or  N

If hired, will you submit to and pass a controlled substance test?

Y or  N

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Y or  N

If yes, please describe the crime. State nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*



**Education, Training and Experience**

**High School**

School Name: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / Diploma Earned: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

**College/University**

School Name: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / Diploma Earned: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

**College/University**

School Name: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / Diploma Earned: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

**Military**

Branch: \_\_\_\_\_  
Rank in Military: \_\_\_\_\_  
Total Years of Service: \_\_\_\_\_ Start Date: \_\_ / \_\_ / \_\_\_\_ End Date: \_\_ / \_\_ / \_\_\_\_  
Skills/duties: \_\_\_\_\_  
Related details: \_\_\_\_\_

Did receive an honorable discharge? [ ] Y or [ ] N

**Professional Certifications**

Certification Name: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_  
Certification Name: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_  
Certification Name: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

**Other Relevant Training**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Acknowledgement**

I certify that the information contained on this form is true, correct and complete to the best of my knowledge. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification or separation.

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

**Submit completed application via email to:**

[Careers@realsubs.com](mailto:Careers@realsubs.com)

**Or in person at the following location:**

Real Subs Café  
4340 East West Connector  
Suite 300  
Smyrna, GA 30082