

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

What position are you seeking? Sandwich Artist®: ☐ Manager: ☐ Other: ☐ If Other, please specify: _____

Street Address: _____ Apartment Number: _____

City: _____ State/Province: _____ Zip Code/Postal Code: _____

Primary Phone Number: () _____ - _____ Alternate Phone Number: () _____ - _____

E-mail Address: _____ Contact me by: Telephone: ☐ E-mail: ☐

Have you ever worked for a Subway® restaurant before? Yes: ☐ No: ☐ If Yes, When: _____ Where: _____

Have you applied to a Subway® restaurant in the past? Yes: ☐ No: ☐ Are you 16 years' or older? Yes: ☐ No: ☐

Are you legally eligible for employment in this country? (If hired, verification will be required by law) Yes: ☐ No: ☐

EMPLOYMENT DESIRED

Type of employment desired: Part Time: ☐ Full Time: ☐ Seasonal: ☐ Temporary: ☐

HOURS AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

Total hours available per week: _____

Date available to start work: ____/____/____

EDUCATIONAL BACKGROUND

School Name, City, State/Province	Did You Graduate?	Years Completed	Course of Study
High School: _____			
College: _____			
Other: _____			

EMPLOYMENT HISTORY (If applicable, please list your last 3 employers, beginning with your most recent)

<p>Employer: _____ Street Address: _____</p> <p>Job Title: _____, Supervisor, Title: _____</p> <p>Phone Number: () _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____</p> <p>Rate/Salary: Start: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/> End: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/></p> <p>Reason for leaving: _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Applicable: <input type="checkbox"/></p>
<p>Employer: _____ Street Address: _____</p> <p>Job Title: _____, Supervisor, Title: _____</p> <p>Phone Number: () _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____</p> <p>Rate/Salary: Start: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/> End: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/></p> <p>Reason for leaving: _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Applicable: <input type="checkbox"/></p>
<p>Employer: _____ Street Address: _____</p> <p>Job Title: _____, Supervisor, Title: _____</p> <p>Phone Number: () _____ - _____ Date Started: ____/____/____ Date Left: ____/____/____</p> <p>Rate/Salary: Start: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/> End: _____ Hourly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Annually: <input type="checkbox"/></p> <p>Reason for leaving: _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Applicable: <input type="checkbox"/></p>

REFERENCES (2 professional and 1 personal. Personal may be a family member)

Professional: _____	Relation: _____	Phone Number: () _____ - _____	Years Known: _____
Professional: _____	Relation: _____	Phone Number: () _____ - _____	Years Known: _____
Personal: _____	Relation: _____	Phone Number: () _____ - _____	Years Known: _____

Skills and Qualifications

Please list special skills and qualifications that you have acquired from past employment opportunities or other experiences that you feel qualify you for work in a Subway® restaurant.

Tell Us About Yourself

Please provide some of your hobbies and interests. What do you like to do outside of work?

Employment Test

Please answer the following questions.

1. This job requires money handling. On a scale of 1 to 5 with 5 being excellent, how would you rate your money handling skills? ____ (If selected, you may be asked to do some on the spot calculations to advance in the interview process.)

2. Your shift is over at 5PM and the individual who is scheduled to relieve you does not show up. You have personal plans at 5:30PM. What do you do?

3. You've caught a co-worker stealing 5 dollars. How would you handle this situation?

4. Your best friends enter the restaurant and ask you to give them free food. What action would you take?

Uniform Policy/Personal Hygiene

Guests frequently judge a restaurant by observing the appearance and behaviors of the team members serving them. By following the uniform policy and personal hygiene guidelines, we can promote a strong brand image while minimizing the risk of foodborne illness.

Uniform: Any person functioning as a team member must wear the complete approved uniform at all times when working. The uniform consists of Uniform Shirt, Apron, Pants/Shorts/Skirt, Headcovering, Shoes, and Name Tag. All Components of the uniform must always look professional, clean, and free from fading, holes, and stains. It may not be modified in any way.

Cleanliness: Team members must bathe daily and have clean hair, skin, hands, teeth, and clothes. Hair must be clean, neatly combed, short (not touching the collar), or restrained. Mustaches and beards, if allowed by local regulations, must be short and neatly trimmed.

Fingernails: Team members must keep their fingernails clean and trimmed, filed and maintained so the edges and surfaces are cleanable. Nail polish/paint and artificial nails are allowed provided that they are kept clean and in good condition. No additional nail ornamentation is allowed.

Jewelry:

- One plain ring and one non-dangling bracelet or wristwatch may be worn.
- Plain necklaces, if worn, must be worn inside the uniform.
- Piercings: Non-dangling jewelry or gauges may be worn in the ears and one small, non-dangling facial piercing is allowed. Bandages cannot be placed over jewelry.
- Only approved promotional buttons and professionally-made name tags may be worn. These must be worn on the uniform shirt or hat.
- Excessive make-up and heavy perfume may not be worn.

Cleaning Procedures: Team members must wash their hands with soap and water and dry them thoroughly before starting work, and repeatedly throughout the day. They need to vigorously rub together the surfaces of their lathered hands and arms for at least 20 seconds and thoroughly rinse with clean running water. Team members must pay particular attention to the areas underneath the fingernails and between the fingers. After washing hands, dry using single-service towels.

Team members must also wash their hands after the following activities (this list includes but is not limited to):

1. Before returning from the restroom
2. Before putting on gloves
3. After cleaning assignments such as sweeping and mopping
4. After coming in contact with any cleaning product and/or chemical
5. After handling money or any other non-food item
6. After touching hair, face, skin or clothes
7. After coughing, sneezing, using a handkerchief or disposable tissue
8. After using tobacco, eating or drinking
9. Before and after treating a cut or wound
10. After handling garbage
11. In between preparing different food products

Smoking: Team members must not smoke or use tobacco in any form while working in the food storage and preparation areas or in areas where utensils are cleaned or stored.

Illness: Team members must report all illnesses to the manager of the restaurant before working with food. If team members become ill or injured while working, they must report their condition to the manager or supervisor immediately. If a team member's condition could possibly contaminate food or equipment, he/she must stop working and see a doctor. If a team member must take medication while working, the medicine must be stored with their personal belongings away from areas where food is prepared, served and stored.

Management must excuse a team member from working when diagnosed with a foodborne illness, or if they have one of the following symptoms (this list includes but is not limited to): Fever, Diarrhea, Vomiting, Sore Throat, and Jaundice (yellow skin and eyes). Please check with your local Health Department or regulatory agency for a complete list of symptoms.

Team members can contaminate food at every step in its flow through the restaurant. Good personal hygiene is a critical protective measure against contamination and foodborne illness.

Please Read the Section Below Carefully Before Signing

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I understand that as part of the procedure for my application for employment, I give the Employer the right to investigate all references listed and the right to secure additional information about me, if job related. I agree that my signature on this application is binding and enforceable. I acknowledge and agree that by signing this application, I waive all rights to dispute the validity of my signature on this application.

Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability, veteran's status and other protected classes. It is this franchisee's responsibility to comply fully with these laws, as applicable.

I acknowledge that I am applying for employment with an independently owned and operated Subway® franchise, a separate company and employer from Doctor's Associates Inc. and Subway ~ Franchise Systems of Canada Ltd and any of their affiliates.

Signature of Applicant: _____ Date: ____/____/____

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.