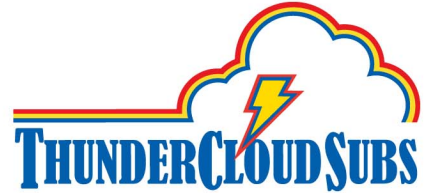


THUNDERCLOUD SUBS APPLICATION FOR EMPLOYMENT



Health Department Approved Food Handler's Permit required.

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis, including race, creed, color, age, sex or national origin. Please print or write clearly.

Name _____ Date _____

Phone Number _____ Social Security No _____

Address _____ City _____ State _____ Zip _____

Referred by _____

Are you 18 years? _____ If yes, D.O.B.: _____

Do you have reliable transportation to get to work? _____

Have you ever had previous employment involving cash handling situations? _____

What is your history on getting to work on time? _____

Why did you apply at Thundercloud Subs? _____

Have you ever been convicted of, or pleaded guilty to a crime involving violence or dishonesty against another person? _____ If YES, give dates charged, penalty assessed or disposition _____

If given a job, how long do you expect to work here? _____

Hours available to work:

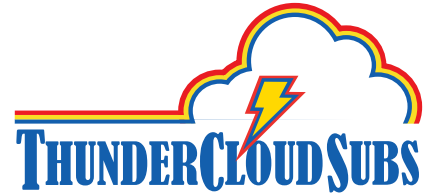
	M	T	W	Th	F	S	Sun
From							
To:							

Education:

School	Name and Location of School	Last Grade Completed	Graduate?
High School			
College			
Other			

APPLICATION FOR EMPLOYMENT

WORK HISTORY (May we contact these employers? _____)
 Start with present or most recent employer first.



DATES EMPLOYED: FROM/TO MONTH/YEAR	EMPLOYER & SUPERVISOR'S NAME NAME, ADDRESS, PHONE NUMBER	POSITION	REASON FOR LEAVING	ENDING WAGE

REFERENCES

List three school, business or personal references that you give permission for us to contact:

NAME	PHONE	HOW LONG	HOW DO YOU KNOW THIS PERSON?

Why should we hire you? _____

IN CASE OF AN EMERGENCY PLEASE CONTACT:

Name, Address, Phone _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts asked for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature _____ Date _____

MANAGERS REMARKS:
