



APPLICATION FOR EMPLOYMENT

APPLICANT MAY BE DRUG TESTED

GIA THANH, INC.

DBA. LEE'S SANDWICHES

12140 EAST CARSON STREET, STE A. HAWAIIAN GARDENS, CA 90716

TEL (562) 421-3203 FAX (562) 420-0163

WWW.LEESANDWICHES.COM

Email: hawaiian.gardens@leesandwiches.com

PERSONAL INFORMATION

Name (last, first and middle)					Last 4-Digits of Social Security #		Date of Application		
Present Address		Street / Apt. No.		City		State		Zip Code	
Cell Phone Number									
Email: _____									
Permanent Address (if different)		Street / Apt. No.		City		State		Zip Code	
Home/Work Phone Number									
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				If hired, can you provide proof that you are allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
In case of emergency, contact name				Phone Number			Relationship		
Do you have relatives working for Lee's Sandwiches? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what department? _____									
If yes, what is the relative's relationship to you? _____ Who referred you to our Company? _____									

EMPLOYMENT DESIRED – Please fill in all blanks

Position		Date you can start		Salary desired		Available to work <input type="checkbox"/> Full time <input type="checkbox"/> Part time			Location / City	
Please indicate days and time that you are available to work			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Have you ever worked for Lee's Sandwiches before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of last supervisor at our Company: _____						
Reason(s) for leaving: _____				Where: _____			When: _____			

EMPLOYMENT HISTORY – List current/ former employers, starting with the most recent. Attach additional sheet if necessary.

Name and address of employer Phone Number	Starting Month/year	Leaving Month/year	Job title	Name/title of immediate supervisor. May we contact?

Descriptions of work

Exact reason(s) for leaving

Name and address of employer Phone Number	Starting Month/year	Leaving Month/year	Job title	Name/title of immediate supervisor. May we contact?

Descriptions of work

Exact reason(s) for leaving

Name and address of employer Phone Number	Starting Month/year	Leaving Month/year	Job title	Name/title of immediate supervisor. May we contact?

Descriptions of work

Exact reason(s) for leaving

EDUCATION

High School	Location	No. of years attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/minor studied	Degree obtained
College	Location	No. of years attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/minor studied	Degree obtained
Graduate School	Location	No. of years attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/minor studied	Degree obtained
Trade or Technical School	Location	No. of years attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/minor studied	Degree obtained

BILINGUAL QUALIFICATIONS

Please indicate which languages you are fluent: English Spanish Vietnamese
 Other(s) _____

REFERENCES (Excluding Relatives and Friends)

Please list three business references who have knowledge of your qualifications for the position for which you are applying

Name	Company	Position	Business Phone	How do you know this person?
Name	Company	Position	Business Phone	How do you know this person?
Name	Company	Position	Business Phone	How do you know this person?

AUTHORIZATION – Please read carefully before signing the application

By signing the application, I understand that any **false information or significant omissions will disqualify me from further consideration for employment**, and will be a justification for my dismissal from employment, if discovered at a later day. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I give permission for a pre-employment drug screening exam and a complete employment background check.

I also understand and acknowledge that **my employment will be at-will**, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the Company.

Signature of Applicant

Date

FOR OFFICE USE ONLY

First Interviewed by: _____	Final Interviewed by: _____ Date: _____ Signature: _____	Hired <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	<input type="checkbox"/> Department Head <input type="checkbox"/> HR Manager <input type="checkbox"/> General Manager <input type="checkbox"/> COO	Hiring Approval by: _____
Signature: _____		

Remarks:

Start Date	Position	Location/Store/Dept.			Pay Rate		
Shift	<input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Hours/week				
<u>Work Schedule</u>	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Lee's Sandwiches is an equal employment opportunity employer.