



# APPLICATION FOR EMPLOYMENT

APPLICANT MAY BE TESTED FOR ILLEGAL DRUG

## LEE'S SANDWICHES LONG BEACH - PCH

4748 EAST PACIFIC COAST HIGHWAY, LONG BEACH, CA 90804

TEL (562) 597-7788 FAX (562) 597-5950

EMAIL INFO@LEESANDWICHES.COM

### PERSONAL INFORMATION

|  |  |                   |  |  |  |                     |          |                   |
|--|--|-------------------|--|--|--|---------------------|----------|-------------------|
| Name (last, first and middle)  |  |                   |  | Social Security Number   |  | Date of Application |          |                   |
| Present Address  |  | Street / Apt. No. |  | City   |  | State               | Zip Code | Phone Number      |
| Permanent Address<br>(if different)  |  | Street / Apt. No. |  | City   |  | State               | Zip Code | Cell 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        |          |                   |

### EMPLOYMENT DESIRED

|  |  |                    |        |  |           |  |        |  |        |  |
|--|--|--------------------|--------|--|-----------|--|--------|--|--------|--|
| Position   |  | Date you can start |        | Salary desired   |           | Available to work<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time |        | Location / City  |        |  |
| Please indicate days and hours 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 |  |                    |        | Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No |           |  |        | If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |        |  |
| Where?   |  | When?              |        | Who referred you to our Company?   |           |  |        |  |        |  |
| Exact reason(s) for leaving  |  |                    |        | Name of last supervisor at our Company   |           |  |        |  |        |  |

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

| Name and address of employer<br>Phone Number | Starting<br>Month/year | Leaving<br>Month/year | Starting<br>salary | Final<br>Salary | Job title | Name/title of immediate supervisor.<br>May we contact? |
|--|------------------------|-----------------------|--------------------|-----------------|-----------|--|
| Descriptions of work                         |                        |                       |                    |                 |           |  |
| Exact reason(s) for leaving                  |                        |                       |                    |                 |           |  |
|  |                        |                       |                    |                 |           |  |
| Descriptions of work                         |                        |                       |                    |                 |           |  |
| Exact reason(s) for leaving                  |                        |                       |                    |                 |           |  |
|  |                        |                       |                    |                 |           |  |
| Descriptions of work                         |                        |                       |                    |                 |           |  |
| Exact reason(s) for leaving                  |                        |                       |                    |                 |           |  |

**EDUCATION**

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

**PERFORMANCE OF JOB-RELATED FUNCTIONS**

Are you able to perform the essential functions of the job for which you are applying with or without accommodation?  Yes  No

**CRIMINAL HISTORY** – A conviction (felonies or misdemeanors) will not necessarily disqualify an applicant.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If Yes, please explain

**REFERENCES** – Please give names of three persons not related to you whom you have known at least one year.

| Name | Address | Phone | Years Acquainted |
|------|---------|-------|------------------|
|      |         |       |                  |
|      |         |       |                  |
|      |         |       |                  |

**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 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.

Lee's Sandwiches is an equal employment opportunity employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

|                        |      |   |
|------------------------|------|---|
| Interviewed by / Title | Date | Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------|------|---|

Remarks

|   |   |            |            |
|---|---|------------|------------|
| Hire Date   | Start Date  | Position   | Pay rate   |
| Shift <input type="checkbox"/> Day <input type="checkbox"/> Night | <input type="checkbox"/> Full time <input type="checkbox"/> Part time | Hours/week | Loc./Store |
| <b>Work Schedule</b>  | Mon   | Tue        | Wed        |
|   | Thu   | Fri        | Sat        |
|   | Sun   |            |            |