



Olympia Square SubShop

Employee Application Form



(revised 4/1/2021)

Applicant Information

First Name: Last Name: Application Date:

Street Address: City: State: Zip: I am 18 years or older:

If hired, I will be able to produce proof of a legal right to work in the US. Yes No Date of Birth:

Phone1: Phone2: Email:

Education

School Name	Location	Years attended (2020, etc.)	Diploma or Degree	Major or areas of study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any other certifications, awards, etc. Do you have a current Thurston County Food Worker card? Yes No

Work Availability

Check all the weekdays and hours that you will be able to accept work schedule assignments.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/> 9:00 am - 2:00 pm	<input type="checkbox"/> 9:00 am - 2:00 pm	<input type="checkbox"/> 9:00 am - 2:00 pm	<input type="checkbox"/> 9:00 am - 2:00 pm	<input type="checkbox"/> 9:00 am - 2:00 pm	<input type="checkbox"/> 9:00 am - 2:00 pm
<input type="checkbox"/> 10:00 am - 2:00 pm	<input type="checkbox"/> 11:00 am - 4:00 pm	<input type="checkbox"/> 11:00 am - 4:00 pm	<input type="checkbox"/> 11:00 am - 4:00 pm	<input type="checkbox"/> 11:00 am - 4:00 pm	<input type="checkbox"/> 11:00 am - 4:00 pm	<input type="checkbox"/> 11:00 am - 4:00 pm
<input type="checkbox"/> 11:00 am - 4:00 pm	<input type="checkbox"/> 1:00 pm - 6:00 pm	<input type="checkbox"/> 1:00 pm - 6:00 pm	<input type="checkbox"/> 1:00 pm - 6:00 pm	<input type="checkbox"/> 1:00 pm - 6:00 pm	<input type="checkbox"/> 1:00 pm - 6:00 pm	<input type="checkbox"/> 1:00 pm - 6:00 pm
	<input type="checkbox"/> 3:30 pm - 8:30 pm	<input type="checkbox"/> 3:30 pm - 8:30 pm	<input type="checkbox"/> 3:30 pm - 8:30 pm	<input type="checkbox"/> 3:30 pm - 8:30 pm	<input type="checkbox"/> 3:30 pm - 8:30 pm	<input type="checkbox"/> 3:30 pm - 8:30 pm

Any additional scheduling issues:

Work History

List your most recent work experience first.

Employer Name	Employer location (city, state)	Position/duties/skills	Start Date / End Date	Reason for leaving / or still employed	Supervisor Name / Phone	Ok to contact this Supervisor?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Other References

List any other references that you believe would help us arrive at a positive employment decision for you. These would include any individuals that may not be in a work environment, but could verify your character, personality traits, etc. Examples might include a Pastor, Activity Sponsor such as Girl Scouts, a Teacher or someone that you have partnered with in a hobby or other interest. Please don't list family members or just personal friends.

Reference Name	Reference location (city, state)	Reference phone contact	Relationship / Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe how employment with Olympia Square SubShop fits into your short term or long term goals.

Information Verification

- I certify that all information submitted herein is complete and accurate.
- I authorize investigation of all information contained in this application as may be deemed necessary by Olympia Square SubShop in arriving at an employment decision.
- If employed, I acknowledge hereby that presenting false and/or misleading information in this application, and/or interview will be grounds for termination.

By adding my name here, I am certifying the accuracy of this application.

(type in your signature here)

(date - xx/xx/xxxx)

After completing this form.....

1. Save As: YourLastName-YourFirstName.pdf

2. Send an email to: applications@rbassets.com with the completed YourLastName-YourFirstName.pdf form attached.

(Note: You will be contacted by phone and/or email if we decide to schedule an interview with you.)