Employment Application

The majority of this brand's stores are owned and operated by independent franchisee operators. These franchisees, who want to be in business for themselves but not by themselves, are independent employers which means they exclusively: (i) recruit, hire, train, and manage their own employees, (ii) set their own employment and privacy policies and procedures, and (iii) handle all matters of employment at their store. MTY USA/Kahala Brands and its affiliates are not involved in and do not control employment matters and do not employ those working at franchised restaurants.

By applying for a job at a franchisee operated restaurant, I acknowledge the information I provide will be forwarded to the independent franchisee for franchisee to reach out to me and process and evaluate my application. For any questions about privacy practices, I understand I need to contact the franchisee.

APPLICANT INFORMATION							
Last Name		First		M.I.			
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					
Best way to contact you?		Are you 18 years or older?		If under 18, what is your current age?			
Are you interested in?	Full-Time ☐ Part-Time ☐	Minimum hours per week?		Maximum hours per week?			
Seasonal or Year-Round?	Seasonal ☐ Year-Round ☐	If Seasonal, please explain					

Days and Hours available (Please be specific, example: Mondays 5-10pm; Tuesdays N/A)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From - To							
From - To							

If hired, what date would you be able to begin work?	

EMPLOYMENT HISTORY			
Most Recent Employment History:			
Start Date		End Date	
Job Title		Company	
City		State	
Reason For Leaving			
Job Description			
Additional Employment:			
Start Date		End Date	
Job Title		Company	
City		State	
Reason For Leaving			
Job Description			

Please list any other jobs or experience that you would like the hiring manager to consider:
Please list any job-related leadership roles, certifications, or awards:

Please select your highest level of completed education:	8th Grade ☐	9th Grade ☐	10th Grade ☐	11th Grade ☐
High School Graduate ☐	Some College ☐	Associates Degree ☐	Bachelors Degree ☐	Masters Degree ☐

REFERENCES

Please list two references that we may contact. Explain their relationship to you and include their phone number.

Full Name		Phone Number	
Relationship			
Full Name		Phone Number	
Relationship			

ADDITIONAL COMMENTS – Please provide any other information that may be important to this job request.

Applicant's Signature		**Date**	

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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.

OMB No. 1545-0074

2024

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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, and when to use the estimator at *www.irs.gov/W4App*.

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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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 Dependent and Other Credits

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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)

DIRECT DEPOSIT AUTHORIZATION

LAST NAME _____
FIRST NAME _____
MIDDLE INITIAL _____

BANK NAME AND BRANCH _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER
_____

I hereby request the deposit of my entire paycheck into the above named account on every pay period.

THIS ACCOUNT IS A:

_____ CHECKING ACCOUNT

_____ SAVINGS ACCOUNT

.

_____ _____
Employee Signature Date