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**Employment Form:** For General Restaurant Work. This web page is maintained by Doctor's Associates Inc. and offered as a resource to participating Franchisee. Franchisees establish their own human resources policies and make their employment decisions based on information helpful to them in operating their restaurant.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Have you ever worked for a SUBWAY® Sandwich Shop before: Yes:  No:  If YES, when/where: \_\_\_\_\_

Are you 16 years of age or over (proof of age or work permit may be required?):  Yes  No  
 Are legally able to be employed in this country (If hired, verification will be required by law)?  Yes  No

What type of position are you seeking?  Part-Time  Full-Time  Seasonal  Temporary  
 Are you able to meet the attendance requirement of the position?  Yes  No  
 Total hours available per week: \_\_\_\_\_ Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
 Date available to start work: \_\_\_\_\_

School Name, City, State	Years Attended	Degree/Courses
High School: _____		
College: _____		
Activities / Other Training: _____		

List below your most recent employers, beginning with the most recent one.

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Salary or Wage: Start \_\_\_\_\_  Hourly  Weekly  Yearly  
 Salary or Wage: End \_\_\_\_\_  Hourly  Weekly  Yearly  
 Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Salary or Wage: Start \_\_\_\_\_  Hourly  Weekly  Yearly  
 Salary or Wage: End \_\_\_\_\_  Hourly  Weekly  Yearly  
 Reason for leaving: \_\_\_\_\_

References (Please do not use family members):	Name:	Relation:	Phone Number:	Years Known:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please read carefully the section below before signing**

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give the franchisee any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I understand that as a part of the procedure for my employment application an investigative consumer report may be made by the franchisee concerning my character, general reputation, personal characteristics and mode of living. This independent SUBWAY® franchise is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veterans status. It is this franchisee responsibility to comply fully with these laws, as applicable.

**Completing this field is required for your application to be considered.** I acknowledge that I am applying for employment with an independently owned and operated SUBWAY® franchisee, a separate company and employer from Doctor's Associates Inc and any of its affiliates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_