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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: _____