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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: <input type="checkbox"/> No: <input type="checkbox"/> If YES, when/where: _____															
Are you 16 years of age or over (proof of age or work permit may be required?): <input type="checkbox"/> Yes <input type="checkbox"/> No															
Are legally able to be employed in this country (If hired, verification will be required by law)? <input type="checkbox"/> Yes <input type="checkbox"/> No															
What type of position are you seeking? <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary															
Are you able to meet the attendance requirement of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Total hours available per week: _____															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Monday</td> <td style="width: 12.5%;">Tuesday</td> <td style="width: 12.5%;">Wednesday</td> <td style="width: 12.5%;">Thursday</td> <td style="width: 12.5%;">Friday</td> <td style="width: 12.5%;">Saturday</td> <td style="width: 12.5%;">Sunday</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday									
Date available to start work: _____															
School Name, City, State	Years Attended														
High School: _____	Degree/Courses														
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 _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Yearly															
Salary or Wage: End _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Yearly															
Reason for leaving: _____															
Company: _____ Address: _____															
Job Title: _____ Supervisor: _____ Phone Number: _____															
Date Started: _____ Date Left: _____ Salary or Wage: Start _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Yearly															
Salary or Wage: End _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> 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: \_\_\_\_\_